

CHINESE LINGUISTIC SCHOOL OF PHOENIX

Application Form

Student's Name _____

Home Address _____

City and Zip Code _____

Phone _____ Email _____

Emergency Contact _____

Relation, _____ Phone _____

Mandarin Class (1:30pm - 3:30pm)

Grade Entering (circle) (for children ages 3 and up from a **Mandarin-speaking family**)

Preschool Basic-I Basic-II 1 2 4 5 6 7 8/9 10

Level Entering (circle) (for children ages 4 and up from a **non-Mandarin-speaking family**)

Intro A Intro C Intro D Level 1 (Children ages 8+) Level 2 Level 3 Level 4 Level 6/8

Conversation (for adults, with little to no Mandarin experience)

Stay Informed. Speak Chinese 關心時事 說華語

Discuss the world through Chinese 用中文討論世界，用不同視角看新聞

Intermediate conversation and reading abilities (AP Level 3)

Assessment available for students unsure of their proficiency level

Cultural Enrichment Program

Youth Craft (3:30pm - 4:30pm)

Adult Badminton (1:30pm-4:30pm)

Adult Chinese Knot-tying (1:30pm - 3:30pm)

Age _____

CHINESE LINGUISTIC SCHOOL OF PHOENIX

MEDICAL CONSENT FORM

I, _____
(Parent or Guardian's Name) (Relation)

of _____
(Name of Student) (Date of Birth)

of _____
(Complete Home Address, Including Zip Code)

(Phone Number)

hereby authorize in advance any necessary medical treatment required while he/she is absent from home for activities as listed above.

(Name of Family Doctor) (Phone No.)

Medical Insurance Carrier _____

Food Allergies _____

Medication Allergies _____

Your student currently taking any medications? (circle) YES NO

If YES, what? _____

(Signature of Parent or Guardian) (Date)

