

## California Qazaq Community

## **Qazaq Language Class Enrollment Form**

Applicant Information				
Father:	Last	Final		Date:
Mathani	Last	First	M.I.	Date.
Mother:	Last	First	M.I.	Date:
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		
		Children's Inform	ation	
Please list	you children's informat	ion:		
Full Name: Basic			Age:_	
Qazaq				
Language knowledge:			Gender:	
Full Name:			Age:_	
Basic Qazaq				
Language knowledge:			Gender:_	
Full Name:			Age:	
Basic Qazaq				
Language knowledge:			Gender:	
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Disclaimer and Signature  I certify that my answers are true and complete to the best of my knowledge.				
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Cianatura			Doto	
Signature:			Date:	