



Qazaq Language Class Enrollment Form

Applicant Information

Father: _____
Last First M.I. Date:

Mother: _____
Last First M.I. Date:

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Children's Information

Please list you children's information:

Full Name: _____ Age: _____
Basic Qazaq Language knowledge: _____ Gender: _____

Full Name: _____ Age: _____
Basic Qazaq Language knowledge: _____ Gender: _____

Full Name: _____ Age: _____
Basic Qazaq Language knowledge: _____ Gender: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____