

CHINESE LINGUISTIC SCHOOL OF PHOENIX

Application Form

Student's Name _____

Home Address _____

City and Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____

Relation, _____ Phone _____

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

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

Preschool Basic I Basic-II 1 2 3 4 5 6 7 8 9

Level Entering (circle) (for children ages 5 and up from a **non-Mandarin-speaking family**)

Intro A Intro B Intro C Intro D Level 1 (Children ages 8+) Level 2 Level 3 Level 4 Level 5 Level 6/7

Let's Talk -A Conversation Class (**Prerequisite is Level 5 proficiency. This class may be repeated.**)

Cultural Enrichment Program (3:30pm - 4:30pm)

(circle) None Youth Dance Youth Basketball

Adult Basketball (1:30pm - 3:30pm)

Adult Chinese Knot-tying (1:30pm - 2:30pm)

Age _____

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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 _____

Is your student currently taking any medications? (circle) YES NO

If YES, what? _____

(Signature of Parent or Guardian) (Date)

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