

**Mesa Community College**  
**CHINESE LINGUISTIC SCHOOL OF PHOENIX**  
**Application Form**

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

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 9/10 11-B

**Level Entering (circle)** (for children ages 4 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

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

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

**Cultural Enrichment Program (3:30pm – 4:30pm)**

(circle) None Youth Craft Youth Dance Team Youth Basketball

Adult Basketball (1:30pm – 3:30pm)

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

Age \_\_\_\_\_



**Mesa Community College**  
**CHINESE LINGUISTIC SCHOOL OF PHOENIX**  
**MEDICAL CONSENT FORM**

I, \_\_\_\_\_  
(Parent or Guardian's Name) (Relation)

of \_\_\_\_\_  
(Name of Student) (Date of Birth)

\_\_\_\_\_  
(Social Security No. of Student)

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)

