

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 3 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 B Intro C Intro D Level 1 (Children ages 8+) Level 2 Level 3 Level 5-7

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

Chinese for Business & Semiconductor Industry Professionals 專業華語商業與半導體領域
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 _____

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)