

華新中文學校

Hwa Shin Chinese School, P.O. Box 82, Mountain View, CA 94042

Enrollment Form(註冊單)

Class: Adult Conversational Mandarin Saturday 9am-11am at Jordan (\$430/semester)

Student Name: _____ Chinese Name _____

Birth Date: _____ (MM/DD/YY) Sex: M F Age: _____

Parent's Name: Father _____ (Chinese) _____

Mother _____ (Chinese) _____

Address: _____

Phone: _____ Email : _____

If Parent cannot be reached, contact: _____ phone _____

I on behalf of the family hereby release the Hwa Shin Chinese School and their agents (PAUSD) from any liability resulting from participation in the above mentioned activity. I also acknowledge the registration and refund policy on the web.

Parent or Guardian's signature: _____ Date: _____

Referred by _____