

華新中文學校

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

Registration Form(註冊單)

Level: _____ School: Jordan Sat__ Fairmeadow Wed __

Fee:\$295/semester (tuition\$250+\$20material+\$25registration)

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: _____