

PALO ALTO CHINESE SCHOOL REGISTRATION FORM

柏拉阿圖中文學校註冊表

Check New Student Returning Student - Late Registration Returning Student - Pre-Registration

Enrolling Class - Language Class: _____ Cultural Art: Calligraphy I / II Student ID: _____

Student's Name: Chinese _____ English _____

Birth Date: _____ Address: _____

Student's Gender: _____ Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Parents' Names in Chinese and English: _____

Father

Mother

Primary Email: _____

Ch _____ Emergency Contact

En _____ Name & Number: _____

1. Tuition for the 2010-2011 academic year is \$320.00. There is an additional non-refundable registration fee of \$20.00
2. Write a SEPERATE check for \$320.00 for returning students registering before May 28, 2010, and \$340.00 for all other registrars, per student per class, payable to PALO ALTO CHINESE SCHOOL. Please write the student's English name and enrolling class on the check.
3. You must pay a \$20 penalty for each returned check.
4. If you apply for withdrawal from school one week or more before the starting date of the Fall semester, the school will refund you the annual tuition minus a \$20 processing fee. Application for withdrawal by mail or email must be postmarked no later than the required date.
5. If you apply for withdrawal from school within three weeks after the starting date of the Fall semester, the school will refund you onehalf the annual tuition minus a \$20 processing fee. Application for withdrawal by mail or email must be postmarked no later than the required date.
6. All applications for withdrawal must be submitted to the Registration Department in writing, stating the student's and parent's English and Chinese names, address, student's grade, and reasons for withdrawal. All applications must include a self addressed and stamped envelope, otherwise your application will not be processed.
7. Parents assigned to security patrol duty must pay a \$20 penalty fee each time they fail to show up for duty. If they do not pay the penalty on time, the student will lose pre-registration privilege for the next academic year.
8. Please mail your application to: Registration Department/Palo Alto Chinese School, P. O. Box 60877, Palo Alto, CA 94306.

I verify that the above information is true and correct.

My child has my permission to attend Palo Alto Chinese School. I hereby release Palo Alto Chinese School and/or its agents from any liability resulting from participation in any school activities.

I acknowledge and agree to the Registration, Tuition Refund and Penalty Policies. I also acknowledge and agree to Security Patrol Policy and other parental duties and responsibilities.

I authorize Palo Alto Chinese School to publish my contact information in the school directory.

I authorize Palo Alto Chinese School to publish my child's pictures and works on school website and publication.

Parent / Guardian Signature: _____

Date: _____

NOTE: Registration date for siblings is April 2, 2010 and new student registration is May 14, 2010.

For
Office
Use Only:

Date Received: _____

Tuition: _____

Check Number: _____

Received By: _____

Age Verified: _____

Grade Verified: _____

Transcript /
Assessment