

iSTAR CHINESE SCHOOL 爱星中文学校

REGISTRATION FORM 注册表

A. STUDENT INFORMATION 学生资料 (Please use a separate form for each individual student)

Name in English	Name in Chinese	Date of I		Gender	Class	
学生姓名	中文姓名	出生日	期	性别	(CSL1 or CSL2)	
			Name 母亲姓名:			
Home Phone 联系电话: Parent E			mail: Email if any:			
Cell Phone 手机号码: Home Address 家庭住址:		Student E	111411 11 411	у.		
Tionic Address 永庭日址。	•					
No.	Street Cit	ty	State		Zip Code	
B. TUITION AND FEES 学费 (Total: \$355) 1. \$280: Tuition /Semester (18 weeks, Sundays)				For School Use Only 注册专员专用		
The first class for Fall 2014 is Sep 7 th , 2014				·码		
2. \$20 : Registration Fee 注册费 (not refundable注册后将不退还):				:#		
3. \$55: Text Books and Material Fee			金额	•		
4. \$10 Discount for additional student from the same family			Amou		I-1 #HI	
		·	经手, Cooki		日期: Date:	
Total 合计: \$			Cashier 审核人		日期:	
			Treasurer		Date:	
C. Refund Policy:						
 Cancelation: Write Not non-refundable. 	ice two weeks before withdr	awal. No fees will	be refunde	ed after Sep 14	th, 2014. Textbook fee is	
	credit may be granted which				I or family emergency that lead sonable evidence needs to be	
D. PARENTAL RELEASE	AND CONSENT TO N	MEDICAL TRE	ATMEN1	事故应急措	施及医疗	
epresentatives, members of Boroperty of my child when enro egal proceeding brought in rec	oard of Directors, from any olled at iStar Chinese School pard to this release, iStar Ed limited to all attorney's fee	and all liabilities I. I accept the fulucation Services, s. I further autho	for injurie Ill risk and Inc. shall l rize iStar (s to my child responsibility be entitled to r Chinese School	or Chinese School, its employees or damage to any property are for any damage or injury. In an recover all costs and expenses personnel to take my child to be contacted.	
Please list an emergency contact o	ther than parent or guardian: Na	ame		Phone ()	
Health Insurance Company:		Insurance Allergies (list)	Policy# or l Yes	HMO: No		
Parent/Guardian Signature	家长/监护人签名:		Date 目其	蚏:		

Please return the completed and signed registration form with check payable to: WRCA/ Whitney Ranch

Mailing address: 851 Old Ranch Rd, Rocklin CA 95765 Phone: 916-792-5802