

Mesa Community College
CHINESE LINGUISTIC SCHOOL OF PHOENIX
Application Form

Student's Name _____

Home Address _____

City and Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____

Relation _____ Phone _____

Emergency Contact _____

Relation _____ Phone _____

Mandarin Class (1:30pm – 3:30pm)

Grade Entering (circle) (for children ages 4 and up from a **Mandarin-speaking family**)

Preschool Basic -I Basic-II 1 2 3 4 7 8 9-A 9-B 10/11

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 4

Let's Talk –A Conversation Class (Prerequisite is Level 5 proficiency. This class may be repeated.)

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

Cultural Enrichment Program (3:30pm – 4:30pm)

(circle) None Youth Chinese Knot-tying Line Dance Youth Basketball

Adult Basketball (1:30pm – 3:30pm)

Adult Chinese Knot-tying (1:30pm – 2:30pm)

Age _____



Mesa Community College
CHINESE LINGUISTIC SCHOOL OF PHOENIX
MEDICAL CONSENT FORM

I, _____
(Parent or Guardian's Name) (Relation)

of _____
(Name of Student) (Date of Birth)

(Social Security No. of Student)

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 _____

Is your student currently taking any medications? (circle) YES NO

If YES, what? _____

(Signature of Parent or Guardian) (Date)

