

Chinese Language Classes Registration Form

Name _____

Age _____

Address _____

Email _____

Phone number _____

If student is a minor (under 18 yrs old):

Father's Name _____

Mother's Name _____

Emergency Phone Number _____

Please rate your Chinese Language Skill Level: B – beginner I – intermediate A – advanced

I can understand spoken Chinese: _____ (B) _____ (I) _____ (A)

I can speak Chinese: _____ (B) _____ (I) _____ (A)

I can read Chinese: _____ (B) _____ (I) _____ (A)

I can write Chinese: _____ (B) _____ (I) _____ (A)

Does Student Have any Medical Conditions or Allergies? _____ YES _____ NO

If YES, PLEASE SPECIFY _____

Any other info, please specify:
