

**Premier International Language Academy**  
**中英學院**  
**After-School Heritage Learning Program**  
**Application Form**

**School year:** \_\_\_\_\_

Child's Name *English/Chinese*: First \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address/Home Ph# \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Father's Employer Name/Address/Ph # \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address/Home Ph# \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Mother's Employer/Address/Ph # \_\_\_\_\_

Email: \_\_\_\_\_

Student Lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Siblings (Ages) \_\_\_\_\_

Additional Designated Adult for Pick Up \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child Attends (School Name) \_\_\_\_\_ Grade \_\_\_\_\_

Child Speaks: English \_\_\_\_\_ Mandarin \_\_\_\_\_ Other \_\_\_\_\_ ; Parents Speak at Home: English \_\_\_\_\_ Mandarin \_\_\_\_\_ Other \_\_\_\_\_

**Mail Applications to: P.O. Box 5123, San Jose 95150 or drop by the school office Mon-Friday 8:30-5:00 Tel: 408-866-8234**

Premier International Language Academy admits students of any religion, gender, sexual orientation, race, color, national and/or ethnic origin.

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<p>Program Choice:</p> <p><input type="checkbox"/> Kindergarten: 11:30-6:30</p> <p><input type="checkbox"/> K-Gr.6: 3:00-6:30</p> <p>Number of Days Attending per week _____</p> <hr/> <p>School Dismissal Time _____</p> <p>Minimum Day/Dismissal Time _____</p>	<p>Learning Day/Staff Development Days Attending</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Holiday Breaks Attending</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Transportation Needed:</p> <p>School _____ Room # _____</p> <p>Time _____</p>
<p>Optional Enrichment Classes</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Mandarin Level (Student's Present Level)</p> <p><input type="checkbox"/> Native speaker: Previous School/texts _____</p> <p><input type="checkbox"/> Beginner - has some speaking/listening ability</p> <p><input type="checkbox"/> No Background in language</p>

Allergies \_\_\_\_\_ Medication(s) \_\_\_\_\_

**Non-refundable Registration Fee: \$40.00**

Optional Enrichment Classes: \_\_\_\_\_

Deposit: last month \_\_\_\_\_

Total Monthly: \_\_\_\_\_

Tuition fee: 1st month \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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