Southern California Council of Chinese Schools
2008 Summer STARTALK Registration Form

Student e-mail address _____

Student Name _____
First Middle Last

Gender: M F Birth Date (MM/DD/YYYY) _____

SSN _____ Have been living in US since (year) _____

Address _____

_____
City Sate Zip Code

Home Phone (nnn-nnn-nnnn) _____

Current School Name _____

Current Grade Level _____ School Website _____

Current Unweighted GPA (A-4.0) _____ Current Weighted GPA (Honor Class A=5.0) _____

Your School Opening Date for 2008 Fall Term _____

Do you understand Chinese? Yes No If no, skip the following indented questions

How many years have you studied Chinese? _____

Where did you study Chinese? _____

Do you speak or listen Chinese at home? Yes No

Your Chinese language proficiency level:

Speaking ____ Listening ____ Reading ____ Writing ____

Please identify your ethnic group:

☐ African American, Black ☐ American Indian/Alaska Native ☐ Chinese American, Chinese

☐ Other Asian American/Asian ☐ Mexican American, Chicano ☐ Puerto Rican

☐ Other Hispanic, Latino ☐ Native Hawaiian, Pacific Islander ☐ White, Caucasian ☐ Others

Parent's or Guardian's Name _____
First Last

Parent's or Guardian's Day Time Phone Number _____

Can we use pictures/videos of your child? Yes No

Do you need financial aid for tuition: Yes No

Do you agree to no tardiness or absences? Yes No

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY	Tuition Free
Received By _____	Date _____