San Fernando Valley Japanese Language Institute

REGISTRATION FORM

(Please print)

New: Y or N Class _____ Date ____/____/_____ School Year: 2011 / 2012

Student's Name _____
First Middle Last

Date of Birth _____ Home Phone _____

Address _____
Street Address City Zip Code

Email _____ and/or _____

Name of Current School _____ School District _____

Mother/Guardian _____ Job Title _____

Cell Phone _____ Work Phone _____ email _____

Father/Guardian _____ Job Title _____

Address _____
(If different from mother')

Cell Phone _____ Work Phone _____ email _____

Other family members attending this school:

Name _____ Class _____

Name _____ Class _____

Any previous Japanese language study? Y or N

If yes, please explain _____

SFV Japanese American Community Center Member? Y or N

San Fernando Valley Japanese Language Institute will not be held liable for any injuries, accidents, or damage to personal property sustained while on school premises or SFVJACC property. SFVJLI reserves the right to cancel any of its classes at any time. *Monthly tuition is an installment towards the whole tuition.*

Signature of Parent or Guardian _____ Date _____