# *San Fernando Valley Japanese Language Institute*

12953 Branford Street, Pacoima, CA 91331
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## ADULT CONVERSATION CLASS REGISTRATION FORM

**DATE:** _____/_____/_____

**FIRST NAME** _____

**LAS NAME** _____

**DATE OF BIRTH (MM/DD/YYYY)** _____

**HOME PHONE** _____

**CELL PHONE** _____

**ADDRESS** **STREET** _____

**CTY, ZIP** _____

**EMAIL** _____

Signature of student _____
*(Student 18 years or younger, needs parent of guardian singature)*

Date _____

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*<Office only>*

Payment ☐ Cash

☐ Check Ck # _____