Asia Pacific Language School

ENROLLMENT APPLICATION

Dual Language Kindergarten & 1st Grade

Child’s Name __________________________________________________________________________

Last     First     Middle

Birthdate ____/_____/____   Age _____ (years) _____ (months)  Gender: Male/Female

Registered Classes & Days (Please Circle):

Academic Classes:

Chinese/English Kindergarten ____  Japanese/English Kindergarten ____

Chinese/English 1st Grade ____  Japanese/English 1st Grade ____

Extended care (8am-9am) ____  Extended care (3 pm-6 pm & 1-6 pm on Wed.) ____

Starting Academic Year: ____________________  Ending of Academic Year: ____________________

Contact Information

Contact #1

Mother/ Father/ Guardian (Please Circle One)

Name _________________________________

Home Address __________________________

_______________________________________

Cell Phone Number ______________________

Email _________________________________

Employer ______________________________

Contact #2

Mother/ Father/ Guardian (Please Circle One)

Name _________________________________

Home Address __________________________

_______________________________________

Cell Phone Number ______________________

Email _________________________________

Employer ______________________________

Agreement

1. Weapons have no place at school. The School has a zero tolerance policy regarding dangerous weapons. Safety of our school population is a priority.

2. Respect for the dignity of others is a cornerstone of civil society. Bullying creates an atmosphere of fear and intimidation, robs a person of their dignity, detracts from the safe environment necessary to promote student learning, and will not be tolerated by the school.

Students found to be in violation of this policy shall be subject to disciplinary action up to and including expulsion.

Printed Name: __________________________ Signature: _________________________________

Dated: _________________________________