Chinese Language Class Registration Form Yufeng Chinese School

Current Date:			
() New Student ()	Existing Student	Class to Attend	Expected Starting Date
Student Information:			
Chinese Name	Gender Dat	te of Birth (yyyy/mm/do	d):
Intended School Location:	() NW () SE	
Preferred English Name: _			
Cell Phone Number (For g	rade 7 to 12 stude	nt only):	
Email (For grade 7 to 12 st	udent only):		
(Legal Names must be EXAlberta Health Card. Legal			egal document, such as passport or me, etc.)
Legal Surname: _			
Legal Given Names: _			
Parents/Guardian Info	ormation for Co	ontact and Regist	ation with Alberta Education:
Father/Guardian: Chinese Name			English Name:
Cell Phone:	Email:		<u> </u>
Mother: Chinese Name	Eng	lish Name	
Cell Phone:	Email:		
Home Address		Postal Code.	