

APPLICATION FORM

Parent/learner's name:.....

Address:

.....

Postcode:.....

Phone Number:.....

Mobile Number:.....

Contact email:

Learner's information:

	Name of Learner	Date of birth	Attended Mandarin lessons in the past? (If YES, please specify, where, when and duration of study)
1			
2			
3			

Is Mandarin your child(ren) first language? Yes No

Do you (or anyone else in family) constantly speak mandarin to your child(ren) Yes No

MEDICAL INFORMATION AND ALLERGIES:

.....
.....

EMERGENCY CONTACTS:

CONTACT 1

CONTACT 2

Name:.....

Name:.....

Relationship to the child:

Relationship to the child:

Phone Number:.....

Phone Number:.....

How did you find out about us?

Date

Signature