

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

Contact #2

Mother/ Father/ Guardian (Please Circle One)

Mother/ Father/ Guardian (Please Circle One)

Name _____

Name _____

Home Address _____

Home Address _____

Cell Phone Number _____

Cell Phone Number _____

Email _____

Email _____

Employer _____

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: _____