



Registration Information:

Last Name: _____ First Name: _____ Grade: _____

Parents' names: _____

Address: _____

Town: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ (H) _____ (cell)

Language in which you are enrolling: Spanish German French Chinese

Location where you are enrolling: _____

Class time and/or level: _____

Optional: To help us maintain our tax exempt status, we are required to document and report the ethnic make-up of our student body. If you wish your child to be identified with a particular ethnic group, please circle all that apply.

- | | | |
|--------------------------------------|-----------------|----------------------------------|
| African American/African/Black | Native American | Asian American/Asian |
| Hispanic/Latino/Chicano/Puerto Rican | White/Caucasian | Pacific Islander/Native Hawaiian |

Medical Information

Please note any allergy or health issues of which we should be aware: _____

Emergency Contact name and phone number: _____

Waiver Information:

I, the parent or guardian of the above named child, hereby give my approval of his/her participation in the above named activity. I assume all risks and hazards incidental to the conduct of the activity. I do hereby release, absolve, and hold harmless the One World Language School, the organizers of the activity, the sponsors, and anyone connected with the activity. In case of injury or damage, I hereby waive all claims against the organizers and supervisors of the activity.

Signature and Date: _____

PLEASE PAY YOUR TUITION ON LINE AT WWW.ONEWORLDLANGUAGESCHOOL.ORG.

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