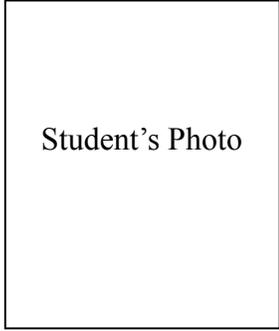




New Student Application Form
建基教育机构新生入学申请表



Student's Information

Student's Name: _____ Chinese Name (if applicable) _____

Parent's/Guardian's Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____

What is the student's primary language? _____

Primary home language: _____

Percentage of Mandarin spoken at home: 0% 20% 40% 60% 80% 100%

Current school: _____ (half day/full day)

Current school setting: English/Bilingual (English/Chinese or _____)

Years of learning Chinese: _____ Hours of the week: _____

Parent / Guardian Information

Parent/Guardian A

First Name: _____ Last Name: _____

Contact phone: _____ (Cell) _____ (Home)

Email: _____

Parent/Guardian B

First Name: _____ Last Name: _____

Contact phone: _____ (Cell) _____ (Home)

Email: _____

Course Selection

- Mandarin Kids (Morning Session 9:00am~11:30am / Afternoon Session 12:30pm~3:00pm)
- Mandarin Kids Extended Program (11:30am~12:30pm or 11:30am~2:00pm)
- Young 5s Mandarin Immersion Program (Monday to Friday, 9:00am~2:00pm)
- Full Day Kindergarten Program (Monday to Friday, 9:00am~2:45pm)
- Full Day 1st Grade Program (Monday to Friday, 9:00am~2:45pm)
- After Class Extended Program (For Young 5s and Full Day Program, till 6:00pm)
- Half Day Kindergarten Program (3:00pm~5:30pm)
- Half Day Kindergarten Extended Program (1:00~3:00pm & 5:30pm~6:00pm)
- After-School Program (3:30pm~6pm)
- Thursday Night (Middle School and High School Students Only) (7:00pm~8:30pm)

Please skip next question if you are signing up for full time (M-F) program.

Please enter the preferred day of week and time to take your classes:
(Example: 3 day -M/W/F or 2 day -T/Th)

1st choice: Date/Time _____
2nd choice: Date/Time _____
3rd choice: Date/Time _____

Please include a \$75 non-refundable application fee, payable to **Cornerstone Learning Foundation** with this form and send the application to:

Cornerstone Learning Foundation
P. O. Box 838, Los Altos, CA 94023

A school administrator will contact you regarding the admission process shortly. Please send email to enroll@cornerstonelearningfoundation.com if you have any questions.

Our/my signature below indicates that the above information is correct and that we/I understand space for new students is limited and that our/my child may be accepted and placed in program, or placed on a wait list, or not accepted because the school administration believes that our/my child's educational needs do not match the program that is offered by Cornerstone Learning Foundation.

Parent/Guardian's Signature: _____ Date: _____