

**Adult Conversation Class Fall Semester (August to December) Registration Form**

**Student Information**

School hours – Every Sunday afternoon **1:30pm to 3:15pm**

Location: Incarnate Word High School 727 E. Hildebrand, S.A. TX 78212

|   |  |            |                       |                             |                |
|---|--|------------|-----------------------|-----------------------------|----------------|
| Last Name   |  | First Name | Chinese Name (If any) |                             | Occupation     |
| Address <i>(for new student only or previously enrolled students address has changed)</i> |  |            | Phone No.             | Cell Phone.                 | E-mail address |
| Emergency Contact (Last, First)   |  |            | Telephone No.         | Family Doctor (Last, First) | Phone          |

**Registration:** Open between 5/1 – 8/15. A \$20.00 discount on tuition will be given if enrollment is done before 8/1. A \$20.00 late fee will be charged to all current students after 8/15.

|   |                                      |                         |              |
|---|--------------------------------------|-------------------------|--------------|
| <b>Refund Policy:</b> Tuition will be refunded in full if you cancel your registration prior to 1 <sup>st</sup> day of attending classes.   | <b>Language class tuition:</b>       | \$220.00/ per student   |              |
|   | <b>Registration Fee:</b>             | \$20.00 per student     |              |
|   | <b>Membership Fee(Mandatory):</b>    | \$20.00                 |              |
| Between May to August, please email signed Registration Form to – <a href="mailto:tsungyung.fang8@gmail.com">tsungyung.fang8@gmail.com</a><br>and mail a check (payable to SACCI) to:<br>Ms. Angela Fang<br>11927 Mesquite Mesa St., S. A. TX 78249 Tel. (210) 415-7641 | <b>Donation:</b>                     | Help school fundraising |              |
|   | <b>(Make check payable to SACCI)</b> |                         | <b>Total</b> |

Medical Authorization and Disclaimer: I request that the above named student(s) be permitted to participate in the SACCI activities. He/She is in good physical condition. In case of illness or accident, the SACCI has my authorization to secure necessary medical attention. I will not hold SACCI, its staff or teachers liable for any and all medical aids rendered and will reimburse the SACCI for any and all medical and/or other expenses incurred in his/her care. I am hereby waiving all claims against the SACCI and the Incarnate Word High School campus in which the SACCI operates, for injury, accident, illness or death occurring during the school hours.

\*\*\*\*\*Classes are offered to general public regardless of race, color, sex, religion, handicap or national origin. \*\*\*\*\*

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_