

ENROLLMENT FORM

Last Name:	Surname:	Chinese:
Date of Birth:	Age:	Sex: Female / Male
Contact Person:	Tel:	Mobile:
Email Address:		
Address:		
1 st Language:	2 nd & 3 rd Language:	
Name of School / Kindergarten:		
If the school teaching Mandarin/Chinese, please state briefly (e.g. no. of hours/class per week, difficulty in program content, level of satisfaction, etc.).		
How do you comment the student's Mandarin/Chinese Level?		
Learning goal and course arrangement expectation (e.g. class frequency per week, assignment, etc.)		
Are you planning to attend any Mandarin/Chinese examination? If yes, please state the name of examination and when you will take it.		
Any official Mandarin/Chinese examination did you take? If yes, please state the name of the examination, the result and the year taken.		
Anything we need to know about the student ? (e.g. student interest, health condition, allergy, etc.)		
Preferred schedule:		
Preferred commencement date:		

I would like to enroll the course for my child(ren) / myself at Beijing Mandarin. I have read the "Terms & Conditions" and agree to them.

Signature of Student / Parent or Guardian: _____ Date: _____