

 **ICSNS Farsi School Registration Form**

ICSNS ID-Number (internal use): \_\_\_\_\_\_\_\_\_\_

**Applicant Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male:[ ]  Female:[ ]

Date of Birth (YY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Information:**

Parents, or Guardians name (if under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant, Parents, or Guardians Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_

Emergency contact speaks; Farsi [ ] , English [ ]

**Farsi Language Background:**

Native language: Farsi: [ ] , English [ ] , French [ ] , Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have previously studied Farsi for \_\_\_\_\_\_ Years and \_\_\_\_\_ Months

Previously attended ICSNS Farsi School? No:[ ]  , Yes:[ ] , which level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Proficiency in Farsi (self-evaluation) | None | Beginner | Intermediate |
| Speaking: | [ ]  | [ ]  | [ ]  |
| Reading: | [ ]  | [ ]  | [ ]  |
| Writing: | [ ]  | [ ]  | [ ]  |

**Class fees and time**

Time Preference: Weekend classes [ ] , Weekday evenings [ ] , Either [ ]

I will pay total Payment $\_\_\_\_\_\_\_ for **summer semesters**.

Payment method:

[ ]  By Cash

[ ]  Cheque

[ ] via e-transfer to: amirhosein\_maleki2005@yahoo.com

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The (minimum) fee for online summer semester is 50$.

Classes will be held ONLINE on weekends or weekday evenings.