

**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 \_\_\_\_\_\_ semesters

Payment method:

By Cash  (by \_\_ ) Cheque  via e-transfer to: amirhosein\_maleki2005@yahoo.com

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

Farsi classes will be held at the ICSNS place or public schools for 4 semesters a year. The (minimum) fee for each year semester is 45$ (Annual fee 180$ payable in up to 3 instalments by cheque).

Classes will be held on weekends or weekday evenings.