

# Boxford Chinese School

15 Gina Way

Boxford, MA 01921

<http://www.boxfordchineseschool.com>

[boxfordchineseschool@yahoo.com](mailto:boxfordchineseschool@yahoo.com)

Phone: 978-887-3037

## Chinese Lesson Registration

**For session beginning** \_\_\_\_\_.

Please complete the following information and a member of our staff will be in touch with you regarding class placement.

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

(If the student is less than 18 years old)

**Phone Number** \_\_\_\_\_

(Area code & Number)

**Lesson to take** \_\_\_\_\_ **Days requested:** \_\_\_\_\_ **Time** \_\_\_\_\_

**New Student** \_\_\_\_\_ **Returning Student** \_\_\_\_\_ (please check one)

**Referral's Name (For new student)** \_\_\_\_\_

**Referral's Contact Info (Phone or Email)** \_\_\_\_\_

**\*A \$25 NON-REFUNDABLE deposit is required. Your deposit will be deducted from the total tuition (\$250) of the lessons.**

**\*A signed ACCIDENT WAIVER AND RELEASE OF LIABILITY is required also (see attachment)**

Thank you,

**Ms. Ying Su**  
**Director**

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**Office Use Only**

**Deposit received**  
**Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
**Called** \_\_\_\_\_

**Payment received**  
**Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
**Accepted** \_\_\_\_\_