

hihele World Languages LLC
Registration Form

PARTICIPANT INFORMATION Please type or print legibly

Last Name: _____ First Name: _____

Gender: Female _____ Male _____ DOB: ____/____/____ Age: _____

Languages: _____ T-Shirt Size: _____

School: _____ City: _____

Grade attended year 2015-2016: _____

English Proficiency Skill Level:

Beginners: A1 _____ Pre-Intermediate: A2 _____

Intermediate: B1 _____ Intermediate: B2 _____

*Interview / Oral Examination -with Professional

1) Date of Assessment: _____

2) Instructor: _____

3) Duration: _____

4) Level of Assessment: _____

5) Mark: _____

6) Notes of Instructor:

Home address:

City: _____ State/Province: _____ Postal/Zip _____

Telephone: _____ Cellular: _____

Parent email: _____ (Include area code with telephone)

Additional Numbers: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Emergency

contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems:

Is your child on any medication? No Yes If so, please specify: _____

