

HONG BANG VIETNAMESE LANGUAGE SCHOOL (HBVLS)

STUDENT REGISTRATION FORM

STUDENT'S NAME (Last, Middle, First) _____ GRADE _____

Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Father's Name (L, M, F) _____ Phone (Work) (____) _____

Mother's Name (L, M, F) _____ Phone (Work) (____) _____

(Home) (____) _____ (Cell) (____) _____ E-mail _____

LIABILITY WAIVER:

We (I), the parent(s)/guardian(s) of the above listed student understand that the school will exercise caution to protect the students during school hours. I recognize that in case of accident/injury to my son/daughter, the cost of treatment is my responsibility and not the responsibility of the HBVLS and/or the school from which HBVLS borrows to conduct its program. I agree to waive all liabilities against HBVLS and the school from which HBVLS borrows to conduct its program.

Signature of Parent/Guardian

Date _____