California Tamil Academy   World Language Program

HIGH SCHOOL CREDIT PROGRAM REGISTRATION FORM

1. Student Info:

    a. Last Name: _____

    b. Middle Name: _____

    c. First Name: _____

    d. Attending Public School: _____

    e. Grade in Public School: _____

    f. Student ID: _____ **Date of Birth:** ___ /_____/_____

    g. Gender: a. Male   b. Female   Home Phone: _____

2. Mother's Info:

    a. Last Name: _____

    b. Middle Name: _____

    c. First Name: _____

    d. Mobile Phone: _____

    e. Email ID: _____

3. Father's Info:

    a. Last Name: _____

    b. Middle Name: _____

    c. First Name: _____

    d. Mobile Phone: _____

    e. Email ID: _____

4. Residence Address:

   Street: _____

   City: _____**State: CA**   **Zip:** _____

5. Emergency Contact Info:

   a. Emergency Contact Name: _____

   b. Relationship to Student: _____

   c. Emergency Contact Phone: _____

6. Select the Tamil Course to attend (Select ONE):

   a. Tamil 1   **b. Tamil 2**   **c. Tamil 3**   **d. Tamil 4**

7. School Academic Year : _____ **(Ex: 2012-2013)**

   (Course applied for Fall (Semester 1) **and Spring** (Semester 2)

8. Parent Signature: _____

Place: _____   **Date:** _____

9. Principal Signature: _____

School: _____   **Date:** _____