



American West Vancouver Chinese School

P.O. Box 87933, Vancouver, WA 98687 ♦ (360) 931-3298 ♦ AWVCS@Yahoo.com
美西溫哥華中文學校 2024-25 年成人班 (18+) 秋季註冊

AWVCS REGISTRATION FOR ADULT (18+) Fall 2024-25 ENROLLMENT

(ONE FORM PER student. PLEASE PRINT LEGIBLY. 每人填一份註冊單, 請以正楷填寫)

Name (add Chinese name if any) 中, 英文姓名	性別 M F	生日 (m/d/y) BIRTH DATE	學費 TUITION	總額 SUBTOTAL
			\$285.00	
			\$280.00	
Non-Refundable Registration Fee 家庭註冊費			\$30	\$30
Discount: <input type="checkbox"/> early bird: \$10 off (by May 19, 2024, Postmark date) 早報名者優惠			- \$10	
Donate to AWVCS (school tax ID 91-1906397)				
Book Postage fee (for out of area student only)			\$5	
			TOTAL	

Level 1 Beginner, Level 2 Intermediate (must pass lev. 1 or placement test), Level 3 Advanced (must pass level 2 or placement test)

CONTACT Information:

ADDRESS _____ APT. _____ ZIP CODE _____
住址: _____ 郵政編碼: _____

E-MAIL _____ Hm. PHONE _____ MOBILE _____
電郵: _____ 電話: _____ 手機: _____

AWVCS IS A VOLUNTEER RUN, 501(C)(3) NON-PROFIT, EDUCATIONAL ORGANIZATION. OUR MISSION IS TO PROVIDE A QUALITY, CHINESE LANGUAGE LEARNING EXPERIENCE. WE WELCOME STUDENTS OF ALL ETHNIC BACKGROUND AND NATIONALITY. WE ENCOURAGE FAMILIES TO VOLUNTEER AT OUR SCHOOL; THIS HELPS KEEP TUITION LOW WHILE MAINTAINING EDUCATIONAL EXCELLENCE. PLEASE SEE A STAFF MEMBER OR CLASS REPRESENTATIVE FOR AREAS YOU CAN HELP.

TOTAL PAYMENT 總金額: \$ _____ CHECK NUMBER 支票號碼: _____

PLEASE MAKE YOUR CHECK PAYABLE TO: AMERICAN WEST VANCOUVER CHINESE SCHOOL or AWVCS
支票抬頭請寫: AMERICAN WEST VANCOUVER CHINESE SCHOOL or AWVCS

- REFUNDS:**
- WE WILL REFUND THE FULL TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BEFORE September 8th.
 - WE WILL REFUND HALF OF THE TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BY September 22nd.
 - REFUND REQUESTS WILL NOT BE ACCEPTED AFTER September 29th.

退費原則: 一週內(九月八日前)全額退學費. 二至三週內(九月二十二日前)半額退學費.(九月二十九日後)恕不退費.

In case of emergency, contact: NAME: _____ EMAIL: _____ PHONE: _____

NAME: _____ EMAIL: _____ PHONE: _____

Student (Print) NAME _____

Student signature _____

DATE _____

OFFICIAL USE ONLY

DATE OF PAYMENT: _____ RECEIVED BY: _____ PAYMENT AMOUNT: \$ _____ CHECK #: _____

RECORD #: _____ REFUND AMOUNT: \$ _____ REASON: _____