



# American West Vancouver Chinese School

P.O. Box 87933, Vancouver, WA 98687 ♦(971) 319-1615 ♦AWVCS@Yahoo.com  
美西溫哥華中文學校 2024-25 年成人班(18+) 春季註冊

## AWVCS REGISTRATION FOR ADULT (18+) Spring Semester ENROLLMENT

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

Last, First M. Name 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 (**See note below)			**\$30	
Discount: <input type="checkbox"/> early bird: \$10 off (by <b>December 15, 2024</b> ) 早報名者优惠			- \$10	
Donate to AWVCS (school tax ID 91-1906397)				
Book Postage fee (for out of area student only)			+5.00	
			<b>TOTAL</b>	

Level 1  Beginner

Level 2  Intermediate

Level 3  Advanced

**\*\*Students return from Fall Semester, omit the registration fee.**

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 TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BEFORE January 12<sup>th</sup>, 2025.
  - WE WILL REFUND HALF OF THE TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BY January 19<sup>th</sup>, 2025.
  - REFUND REQUESTS WILL NOT BE ACCEPTED AFTER January 26<sup>th</sup>, 2025.

退費原則: 一週內(一月十二日前)全額退學費. 二至三週內(一月二十九日前)半額退學費. 三週以後(一月二十六日後)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: \_\_\_\_\_