



Persian Cultural Center, Inc. AKA: Iranian Community School
 Center for Persian Language, Fine Arts & Literature
 Student's Application Form

Student's Legal Name	
Last _____	First _____
Middle _____	
Date of Birth (mm/dd/ yyyy)	

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Other Children in Family	Date of Birth (mm/dd/ yyyy)
1 _____	_____
2 _____	_____
3 _____	_____
Residence Address of Student and Enrolling Parent	
Street _____	apt. No _____ City _____
State _____	
Zip Code _____	
Enrolling Parent	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Self if over 21 years old	
Last _____	First _____
Occupation _____	
E-mail _____	
Contact Number (ten digit)	Home _____
Work _____	Cell _____
Parent	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self
Last _____	First _____
Occupation _____	
E-mail _____	
Contact Number (ten digit)	Home _____
Work _____	Cell _____
Emergency information:	
Person to contact if parents are not available Name and Phone:	
Name & Last name	Phone
_____	_____

Payment Information

Credit Card payment Visa Master Card Cash
 Check

Card Number _____
Expiration Date ____/____/____ CVV code _____
I Authorize Persian Cultural Center to charge my credit card in the amount of \$_____

Name of Card Holder Signature of Card Holder Date

Once enrolled in a class, students may request access to see the content of their records.

Media & Communication Policy:

Parents agree to provide Persian Cultural Center with their email addresses. The School will use this information only to communicate relevant news and updates on our program.

Persian Cultural Center reserves the right to use written feedback gathered via surveys in its marketing and outreach program.

Parents give Persian Cultural Center permission to use photos taken during classes and other school activities in publicly distributed promotional materials, printed or electronic.

Cancellation Policy:

Tuition and fees are refundable up to 24 hours prior to start of the course. Tuition is not refundable in part, or in whole after the classes begin.

Food Allergy Yes No if yes please specify:

Please list in the box below any health information school should know:

If you cannot reach me in an emergency when my child or children are need of professional medical care, by signing this document I grant the Persian Cultural Center, Inc. Iranian Community School to seek for my child or children the medical facility and authorize that medical facility to provide any treatment which the physician deems necessary for the wellbeing of my child or children.

These people also have your permission to pick your child up from school during the school day:

Name of the person _____ phone _____

Name of the person _____ phone _____

- held, the tuition of that session will not be returned. This rule applies to group Persian and conversation classes.
- Books and other materials may be required and are not included in the tuition rate, but are available for purchase at school.

Agreement

Notice of Non-Discrimination Policy as to students: The Persian Cultural Center, Inc. Iranian a Community School admits students of any race, color, nationality, religion or ethnic origin at all rights, programs and activities generally accorded or made available to students at the Persian Cultural Center, Inc. Iranian Community School.

In honor of Mrs. Deyhimi's vision alive, I would like to make the following donation to school:

\$25.00 \$50.00 \$100.00 Other Amount \$ _____

Enrollment information

Course : _____ Course starting date: ____ / ____ / ____
Course meeting on: _____ from _____ am to _____ pm or
From _____ pm to _____ pm.

Course : _____ Course starting date: ____ / ____ / ____
Course meeting on: _____ from _____ am to _____ pm or
From _____ pm to _____ pm.

Course : _____ Course starting date: ____ / ____ / ____
Course meeting on: _____ from _____ am to _____ pm or
From _____ pm to _____ pm.

_____ Tuition (see rate above)
_____ Book Fee
_____ Total

Signature of parents or guardian _____ Date _____

For Office Use Only: Welcome Letter QuickBooks I contact

