



2009 Texas Chinese Language Immersion Summer Program

Program sponsor: Hua-Hsing Chinese School

Program location: Jasper High School (6800 Archgate Dr. Plano, TX 75024)

Program Schedule: June 8 – July 3 (8:30 AM – 12:30 PM)

Registration Deadline: May 30, 2009.

Student information:

Last name: _____ First name: _____ Middle name: _____

Gender: _____ Birth place: _____ Current grade year: _____

Name of current school: _____

Home phone number: _____ Email: _____

Home address: _____

City: _____ State: _____ Zip: _____

Are you a returning student of this summer program? _____

Are you allowed to access online information at home? _____

Do you have travel plans during this summer program? _____

Can you commit yourself to no absence during this summer program? _____

How many years have you studied Chinese? _____

Do you speak or listen to Mandarin at home? _____

Please identify your ethnic groups (you may select two):

African American	American Indian/Alaska Native	White or Caucasian	Other
Chinese American/Chinese	Other Asian American/Asian	Native Hawaiian/Pacific Islander	
Mexican American/Mexican	Other Hispanic	Puerto Rican	

Parent's or guardian's information:

Parent last and first name: _____ Home phone: _____

Daytime phone number can be reached in emergency: _____ Email: _____

Fee: \$50 fee and \$200 deposit. Fee covers materials and lunch during the last days of the program. \$200 deposit will be returned as a scholarship at the end of program only if student has no absences and receives a grade of B or higher. Please make two separate check payments. **Check payable to HHCS. Mailing address : 7519 Larchmont Dr. Dallas, TX 75252**

Contact information: Mily Lee (469-789-6858) Molly Chai (972-398-6868) or email to: chaimolly@yahoo.com

Recording the daily teaching activities is an essential part of the program improvement. Do you agree to grant irreversibly Hua-Hsing Chinese School and the STARTALK program's sponsors the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of me in any form for use in the STARTALK's and school's newsletters, brochures, web sites, flyers, and in any other publications produced for the aforesaid school and all sponsors of the STARTALK. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith. Content is also granted for any use of my name in any part of those publications listed above. **Yes No**

I certify that all statements made herein are true and correct. I also declare that the above named student is in good physical condition and has medical insurance coverage. In case of illness or accident, the sponsors have my authority to secure necessary medical attention. I will release the sponsors and their officers, directors, agents, activity sponsors, teachers, and/or volunteers from any and all liabilities arising out of the student's participation in this program, and also further agree to indemnify and not hold responsible the sponsors and their officers, directors, agents, activity sponsors, teachers, and/or volunteers for any losses, damages, costs, or expenses caused directly or indirectly by either the actions of the student or any staff of involved organizations in this program. In case of medical aid rendered, I will reimburse sponsors for medical and other expenses incurred in his/her case. And, I understand that there may be unknown risks involved in this activity. I am hereby waiving all claims/suits against the sponsors or their authorized persons, officers, agents, and/or schools for, but not limited to, illness, injury, or death occurring in the duration of this program.

Contact doctor: _____ phone number: _____

Parent's/Guardian's signature: _____ Student signature: _____