



Hillsdale PTO Elementary Foreign Language Program

2017-2018 REGISTRATION FORM

Student Name: _____ Grade: _____

Teacher: _____ Room: _____

Student's Address: _____

City/State/ZipCode: _____

Parent's Name: _____

Email: _____

Home phone: _____ cell: _____

Siblings (or carpooling partner) names/grade also registering for foreign language:

Name: _____ Grade: _____

Name: _____ Grade: _____

**Note: attempt will be made, but is not guaranteed, to schedule siblings' classes on the same day.*

CLASS REGISTRATION:

Chinese 1x/week (15 weeks)

Spanish 1x/week (15 weeks)

Have you taken the requested language previously? _____

If so, how many years? _____

Comments: _____

***Make **checks** payable to "Hillsdale PTO". Return form and payment to school office by **December 22nd**. Please direct any questions to coordinators: Dely Lugo (dlugo15@gmail.com) and Susan Teran (susanteran1211@gmail.com).*