Fremont Chinese School 費利蒙中文學校

P.O. Box 1309, Fremont, CA 94538 Tel: (510) 438-8866

Application For Credit For Foreign Language Study In Fremont Chinese School

Fall 2008 — Spring 2009

Name: Last: _____ First: _____ Mid: _____

(Use the same name as shown on your high school transcript)

Birthday:(mm/dd/yy) _____ Sex: _____ Home Phone: _____

Chinese School Level: (Fall 2008) 1 2 3 4 AP

school district

High School: _____ Student ID: _____ Grade Level (Fall 2008): _____

School Address: _____

School District: _____ Private School:(Check if yes) _____

Apply For Foreign Language Credit: (Check one) Yes _____ No _____

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Note : *Fremont Chinese School will submit this application to the school district and the high school that this student attends, which recognizes credits earned at FCS, on the fourth week after the school starts for the appropriate foreign language credit.*

All fields must be filled in completely, and signed by both the student and the parent, whether you want credit at your school district or not. No changes can be made after the fourth week of the indicated school year on this form.

Student and parents/guardian, please complete all fields above the dotted line only.

Singature of FCS Principal _____ Date _____

Approval By High School Principal

The above named student has been authorized to receive private instruction for school credit. Credit will be granted upon successful completion of the course.

Signature of High School Principal _____ Date _____