



مدرسه ایرانیان سن دیگو

وابسته به کانون فرهنگی ایرانیان سن دیگو

Iranian School of San Diego

www.pccsd.org/issd

Credit (9th Grade & Up) _____ Non- Credit _____

Branch I _____ II _____

Student Registration Form 2017-18

Please Print

Student's Name _____
(Last) (First)

Student's Name in Farsi _____
(Last) (First)

Birth Date _____ Age _____

Address _____

City _____ State CA Zip Code _____ Home Phone _____

Mother's Name _____ Father's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

School District _____ School Name _____

Current Grade _____

Please READ, SIGN and DATE this form

I (we) hereby expressly waive the benefits and provision of Section 1542 of the Civil Code of the State of California, which section provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially effected his settlement with debtor."

This release may be placed as a full and complete defense to and may be used as the basis for an injunction against any action, suit, claim or other proceeding of any type which may be prosecuted, initiated or attempted in violation of the terms hereof.

I authorize the Iranian School of San Diego to use photographs and/or videos of my child's school sponsored activities and/or performances for the school's purposes including any school & PCC publications and web site.

Signature of Parent / Legal Guardian _____

Relation to Student _____ Date _____

Student Registration Form 2017-18 Emergency Information

Allergies? _____

In case of an emergency, please give us the name of two people (beside yourselves, we will always try to reach you first), that we can contact, in order of their priority.

1. Name _____ Phone _____

2. Name _____ Phone _____

In the event of a medical emergency, I (we) consent to the decision made by the supervisors of the program or any and all of its agents relating to the provision of medical assistance.

Signature of Parent / Legal Guardian _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Last Year Grade _____ Last Year Teacher: _____

GradeLevel _____ Teacher (Ms/Mr) : _____

	Amount	Payment	Balance	Date & Notes
Farsi Class Tuition including: Books & Supplies	<u>\$450.00</u>			
Dance	<u>\$350.00</u>			
Theater	<u>\$250.00</u>			
Music	<u>\$250.00</u>			
Year Book	<u>\$25.00</u>			
Registration Fee (Non Refundable)	<u>\$50.00</u>			
Donation	<u>\$</u>			
<u>Total</u>				

Notes & Comments:

