



The summer school that you would like to attend: Ventura County Chinese Language School  
**website : [www.vccaa.org/school](http://www.vccaa.org/school)**

Session (Please check):  **6/22 – 7/13/2009 Chinese I A 7:40 A.M. -12:00P.M. (M-F)**  
 **7/16 – 8/5/2009 Chinese I B 7:40 A.M. - 12:00P.M. (M-F) (Pre-req. Chinese I A)**

School Site Location : **Rio Mesa High School, 545 Central Ave, Oxnard, CA 93036**

**Student information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Birth month/year \_\_\_\_\_ Current grade year: \_\_\_\_\_  
 Attending School: \_\_\_\_\_ School District: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Home phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 What is your native language: \_\_\_\_\_ Place of birth: \_\_\_\_\_ GPA: \_\_\_\_\_  
 Do you have any previous experience learning Mandarin? \_\_\_\_\_  
 How many semesters have you studied Chinese? \_\_\_\_\_  
 The last semester or month you learned Chinese? \_\_\_\_\_  
 Do you speak or listen to Mandarin at home? \_\_\_\_\_  
 Personal hobbies and talents: \_\_\_\_\_

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

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

**Parent’s or guardian’s information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Email: \_\_\_\_\_

Recording the daily teaching activities is an essential part of the program improvement. Do you agree to tape classroom activities for noncommercial use? \_\_\_\_\_

**Fee:** \$200 check for material fee attached.  
 \$200 waived (all OUHSD, PVSD, VUSD, MUSD, Conejo/Oaks Park students)

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 or guardian’s signature:** \_\_\_\_\_

Send your inquiries to:  
[VCChineseSchool@aol.com](mailto:VCChineseSchool@aol.com) or mail to:  
 P.O.Box 806, Camarillo, CA 93011-806  
 or call 805.484.5222 or 805.482.4765

Mail this application to:  
**Ventura County Chinese School - StarTalk**  
**P.O. Box 806**  
**Camarillo, CA 93011-806**

**or register online at: [www.teachingchinese.org/student](http://www.teachingchinese.org/student)**