

2018 Fall Program Registration

Student Name:				
School:		Grade:		
Parent(s) Na	me(s):			
Address:				
Home (Work) Phone:		Cell Phone:		
Parent Email	:			
Emergency (Contact Name:			
		Relationship:		
Please selec	t the course(s) you wish to lo, Cupertino, CA 95014" in y Huang	take. Return this for	m with a check to our	office at "21861
Alge	-Calculus Cal AB/BC or Physics Physics 1,2,C Statisti <u>c</u> s	8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20 8/20-12/20	TBD	
Tuition:	Adjustment:	Subtotal:	Check#	:
1 st Installmer 2 nd Installmer	nt:Check nt:Check	#: #:		
Notes: The tui	tion is due at the time of regis	stration.		
Daront Signa	turo	D	ato	