

2017 Spring New Math Course Registration Form

Student Name			Is current Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Math class			Current Chinese Class		
Parent Name		Phone	Email		
Interested in Course			Recommended Course (School Use Only)		
Pre-Algebra <input type="checkbox"/> A <input type="checkbox"/> B	Algebra 1 <input type="checkbox"/> A <input type="checkbox"/> B	Algebra 2 <input type="checkbox"/> A <input type="checkbox"/> B	Pre-Algebra <input type="checkbox"/> A <input type="checkbox"/> B	Algebra 1 <input type="checkbox"/> A <input type="checkbox"/> B	Algebra 2 <input type="checkbox"/> A <input type="checkbox"/> B
Want to Switch Chinese Course in the 3 rd class?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Which Chinese Course?	<input type="checkbox"/> 暨大教材: _____ 年级 <input type="checkbox"/> 马立平教材: _____ 年级	

*Please fill out this form and submit it with student self-testing sheet together