



Trial Day Form

Trial Date: _____

Student / Parent Information

1st Student Name: _____ Age: _____

Date of Birth: _____ Allergies: _____

2nd Student Name: _____ Age: _____

Date of Birth: _____ Allergies: _____

3rd Student Name: _____ Age: _____

Date of Birth: _____ Allergies: _____

Father's Name: _____

Email: _____ Cell Phone: _____

Mother's Name: _____

Email: _____ Cell Phone: _____

How did you hear about us? Friend Website Yelp Facebook Other: _____

Select the classes you are interested

AM Academic Boost 7:45-8:45	<input type="checkbox"/>
Mandarin Full Time (Specify Day)	<input type="checkbox"/>
Middle School Program	<input type="checkbox"/>
Specialty Class 2:30-3:30	<input type="checkbox"/>
Afterschool Chinese	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Disclaimer and Signature

By signing below I acknowledge that I agree to all Seashore Academy terms and conditions. I agree to hold harmless Seashore Academy, it's teachers, staff, and director from all liability.

Parent Signature: _____

Date: _____