

## STARTALK Summer School Chinese at San Marcos Unified School District

- 1) Please go to <http://teachingchinese.org/socal> and look for **San Diego Consortium**, go to **San Elijo Elementary School**, click on “ [\[Apply this program\]](#)”
- 2) **E-mail** –
  - if registration is completed, a confirmation e-mail will be sent to this address along with class info. If there is any discrepancy, please e-mail to [STARTALKSanDiego@gmail.com](mailto:STARTALKSanDiego@gmail.com) ASAP.
  - will be used as student account login name
- 3) **Password** –
  - do NOT use your email password
  - will be used as your student account login password
- 4) **Class Code** – select **Class 1** for 8am – 10am; select **Class 2** for 10am – 12noon
- 5) **Audio Video Photo Release Form** and **Student Consent Form** can be downloaded from the left panel. Please fill, initial, sign and then upload or turn them in on the first day of class. No student will be admitted without returning these two forms.
  - Please put down “*STARTALK SD Consortium*” for “name of summer school” on the Audio Video Photo Release Form.

**Please note:** The on-line registration is preferable. However, if you have problem doing registration on line, please fill out the registration form below and mail or bring it to district office at 255 Pico Avenue, Suite #250, San Marcos, CA 92069, and Attention: Patty Arendt or return to your child’s school. Call Patty Arendt at (760) 752-1255 or e-mail [STARTALKSanDiego@gmail.com](mailto:STARTALKSanDiego@gmail.com) for any question.

### Registration Form ( NO need if you register on-line)

School Site:	San Elijo Elementary School				
Last Name:		Middle Name:			
First Name:		No Absent Commitment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Email:	(will be used as student login)				
Password:	(not to use your email password)				
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Phone:		
Birth Place:		Birth Date:			
Home Address:					
City:		State:	CA	Zip:	
Current School:		Returned “STARTALK” Student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Current Grade:		Home Internet Access?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Learning Chinese	_____ Years	Speak Chinese at Home:	<input type="checkbox"/> 0%	<input type="checkbox"/> 20%	<input type="checkbox"/> 40%
			<input type="checkbox"/> 60%	<input type="checkbox"/> 80%	<input type="checkbox"/> 100%
Class Code	<input type="checkbox"/> Class 1-- 8-10am	<input type="checkbox"/> Class 2 -- 10am-12pm	Travel Plan during this summer	<input type="checkbox"/> Maybe	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Please identify your ethnic groups (you may select two):</b>					
<input type="checkbox"/> African American, Black		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> White or Caucasian	
<input type="checkbox"/> Chinese American/Chinese		<input type="checkbox"/> Other Asian American/Asian		<input type="checkbox"/> Native Hawaiian, Pacific Islander	
<input type="checkbox"/> Mexican American, Chicano		<input type="checkbox"/> Other Hispanic, Latino		<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other	
[Parent] Last Name:		First Name:			
Phone:		Email:			
Contact Doctor		Doctor Phone:			

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.

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

Date: \_\_\_\_\_