



SUSD Language Development Office

Hmong School Student Registration Form

Taylor Leadership Academy

Student Information:

Last Name: _____ First: _____ MI: _____

Birthday Date: _____ Age: _____ Sex(circle one): Male or Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's School: _____

Does your child have health insurance? (Circle One) Yes or No

If yes, what health insurance? _____

Health Insurance Policy Number: _____

Note any Medical Issue or Allergies: _____

Parent or Guardian Information:

Last Name: _____ First: _____ MI: _____

Home Phone: _____ Cell Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Acknowledgment:

I acknowledge that my child will be photograph and video recording while participating in SUSD Language Development Office and Hmong International Cultural Institute Txuj Ci Hmong School.

Photo Release Acknowledgment (Initial)

SUSD Language Development Office and Hmong International Cultural Institute Txuj Ci Hmong School has my permission to use my or my child's photograph publically to promote the school and organization. I understand that the images may be used in print publications, online publications, websites, presentations, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. _____

SUSD Language Development Office and Hmong International Cultural Institute Txuj Ci Hmong School and do not have my permission to use my or my child's photograph publically. _____

Parent/Guardian's Signature: _____ Date: _____
