



SCHOOL REGISTRATION FORM

Adult Student Name or

Parents' Names:

Street Address:

City, ST and Zip:

Email Address:

Phone Number:

Emergency Contact(s):

If under 18, please provide the following information:

Name	D.O.B	Current Age

I/my child (please circle all that apply and elaborate on your/your child's experience below):

Speaks Arabic

Understands Arabic

Reads Arabic

Has had previous instruction

Please send your completed application with a check in the amount of \$350 per student to: **Center for Arabic Culture, P.O. Box 380789, Cambridge, MA 02238**

www.cacboston.org

Promoting Arabic language, history and culture