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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s information | | | | | | | | | | | | | | |
| Last name: | | | | | | First name : | | | | | | | | |
| Erudite Logo BW.jpgФамилия : | | | | | | Имя : | | | | | | | | |
| Сommonly used name/ nickname : | | | | | | Male: | | | | | | Female: | | |
| Date of birth: | | | | | | Current age: | | | | | | | | |
| Level of Student’s Russian Language | If Russian School (grade) | | | | Bi-lingual | | Fluent | | | Basic | | | Non-speaker | |
| Parent/ gUardian information | | | | | | | | | | | | | | |
| Mother’s / Legal Guardian’s name: | | | | | | | | | | | | | | |
| Native language: | | Employer, Type of Business, Position: | | | | | | | | | | | | |
| Cell phone: | | | | Home phone: | | | | | E-mail: | | | | | |
| Home address :  City: State: ZIP Code: | | | | | | | | | | | | | | |
| Father’s / Legal Guardian’s name: | | | | | | | | | | | | | | |
| Native language: | | Employer, Type of Business, Position: | | | | | | | | | | | | |
| Cell phone: | | | | Home phone: | | | | | E-mail: | | | | | |
| Home address :  City: State: ZIP Code: | | | | | | | | | | | | | | |
| in case of Emergency Contact | | | | | | | | | | | | | | |
| Name of Contact –Other Than Parents: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | Phone: | | | | | |
| Relationship to Student : | | | | | | | | | | | | | | |
| Siblings (names, ages) | | | | | | | | | | | | | | |
| Last name: | | | | | | First name : | | | | | | | | |
| Date of birth: | | | | | | Current age: | | | | | | | | |
| Last name: | | | | | | First name : | | | | | | | | |
| Date of birth: | | | | | | Current age: | | | | | | | | |
| medical history | | | | | | | | | | | | | | |
| Is the student currently taking any medication? | | | | | | | | | | | yes | | | no |
| If yes, please specify: | | | | | | | | | | | | | | |
| Does the applicant have chronic illness or allergy? | | | | | | | | | | | yes | | | no |
| If yes, please explain. Include information regarding any special arrangement that you may need (eg. EpiPen) | | | | | | | | | | | | | | |
| I HEREBY AUTHORIZE MY SON / DAUGHTER TO ATTEND CLASSES IN RUSSIAN SCHOOL “ERUDITE”. I UNDERSTAND THAT EVERY STUDENT MUST BE INSURED FOR MEDICAL EXPENSES ARISING FROM ACCIDENTAL INJURY THROUGHOUT A POLICY WHICH HIS / HER FAMILY CURRENTLY HAS IN FORCE AND WHICH WILL COVER HIS/HER PARTICIPATION IN THIS PROGRAM. WITH THIS AUTHORIZATION, I HEREBY RELEASE ERUDITE RUSSIAN EDUCATIONAL AND CULTURAL CENTER, INC. AND RUSSIAN SCHOOOL “ERUDITE”, ITS TEACHERS AND EMPLOYERS FROM ANY LIABILITY INCURRED IN THE CONDUCT OF THIS PROGRAM. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNLESS TERMINATED BY PARENT OR GUARDIAN IN WRITING.  I ALSO HEREBY GIVE PERMISSION TO USE ANY PHOTO/VIDEO TAKEN DURING THIS PROGRAM IN WHICH MYSELF OR MY CHILD MAY APPEAR. RUSSIAN SCHOOL “ERUDITE” HAS MY PERMISSION TO USE THESE PHOTOS/VIDEO IN PRINT (FOR ADVERTISEMENT OR MARKETING MATERIALS) OR ON THE WEBSITE [www.ruserudite.com](http://www.ruserudite.com) UNLESS THE BOX WITH THE WAIVER IS MARKED.  I do not give permission to use photos/video taken during this program in which myself or my child may appear. | | | | | | | | | | | | | | |
| Parent’s / Guardian’s Signature: | | | | | | | | Date: | | | | | | |
| How did you hear about Erudite Russian Language Club, Milwaukee? | | | Internet site: | | | | | Advertisement (source): | | | | | | |
| Friend (name): | | | Newspaper: | | | | | Other: | | | | | | |

# Лингвистический клуб «Эрудит», Милуоки

**Erudite Russian Language Club, Milwaukee**