

SAKURA  GAKUEN
REGISTRATION FORM

Date _____ **Class Level** _____

PLEASE PRINT

Student's Last Name	First	Middle	DOB
Mother/Guardian's Last Name	First		
Home Telephone	Work/Cellular Telephone	Email Address	
Father/Guardian's Last Name	First		
Home Telephone	Work/Cellular Telephone	Email Address	
Address	City	State	Zip
School Name	School Address	Grade	
In Case of emergency, contact Name	Relationship	Telephone	
Physician in case of emergency Name	Address	Telephone	

Month and year first registered with Sakura Gakuen _____

Member of Sacramento Betsuin? _____ Yes _____ No

I, parent/guardian will notify the classroom teacher immediately when a student drops from Sakura Gakuen. I understand that tuition will continue until official notice is given.

I, parent/guardian, hereby HOLD HARMLESS Sakura Gakuen of the Buddhist Church of Sacramento from all claims for damages which may arise as a result of participation in the Sakura Gakuen's language and activity program.

Furthermore, I hereby agree that Sakura Gakuen, its staff and Education Committee may act in emergency as best fits the situation if effort to contact myself or other emergency person fail.

I have read the above application and agreement and fully understand that I assume all risks for any injuries received.

Parent/Guardian Signature

Date