



**Canji International Foundation**  
Transforming one life at a time

## Registration Form for Language Class

Date: Month/Day/Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address Number and Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Educational Attainment: (High School, College, Other)  
\_\_\_\_\_

Class you are registering for: (Spanish class, Mandarin class, both)  
\_\_\_\_\_

### AGREEMENT

1. All the information above is correct and up to date.
2. By submitting this application, you authorized Canji International Foundation to make inquiries into the information provided.

\_\_\_\_\_  
Registrant Signature



Telephone: 1-800-876-6204  
Email: [Info@Canjiinternational.Com](mailto:Info@Canjiinternational.Com)