



# Sun's Kung Fu Academy

996 Lundy Ave  
 San Jose, CA 95133  
 408-799-8456  
[www.sunskungfu.com](http://www.sunskungfu.com)



## STUDENT / PARENT INFORMATION

1 <sup>st</sup> Student First and Last Name	
2 <sup>nd</sup> Student First and Last Name	
3 <sup>rd</sup> Student First and Last Name	
Person Responsible for Tuition or Parent's First and Last Name	
Address	
Phone	
Email	
How did you hear about us?	

## SELECT THE CLASSES YOU ARE INTERESTED

Kid's Kung Fu	<input type="checkbox"/>
Adult Kung Fu	<input type="checkbox"/>
Adult Wellness	<input type="checkbox"/>
Free Trial Lesson	<input type="checkbox"/>

## DISCLAIMER AND SIGNATURE

By signing below I acknowledge that I agree to provide these information to Sun's Kung Fu Academy for the purpose of registering for classes at the school. I understand that upon confirmation from the school, I will complete another form which will include school policies and payment agreement terms.

Parent / Tuition Payer Signature	Date
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