



Application for Bosnian Language School

STUDENT INFORMATION

FIRST AND LAST NAME: (STUDENT 1)

_____ SCHOOL GRADE: _____ SEX: _____

FIRST AND LAST NAME: (STUDENT 2)

_____ SCHOOL GRADE: _____ SEX: _____

MAILING ADDRESS: _____ CITY AND STATE: _____

ZIP CODE: _____

PLEASE DESCRIBE STUDENT I LEVEL OF BOSNIAN LANGUAGE:

PLEASE DESCRIBE STUDENT II LEVEL OF BOSNIAN LANGUAGE:

PARENTS INFO

FATHER (NAME AND LAST NAME): _____ HOME

PHONE: _____ WORK PHONE: _____ CELL: _____



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MOTHER (NAME AND LAST NAME): _____ HOME

PHONE: _____ WORK PHONE: _____ CELL: _____

EMERGENCY CONTACT PERSON INFO:

IN CASE THAT BOTH PARENTS ARE OUT OF REACH, THE CENTER WOULD CONTACT AN EMERGENCY CONTACT PERSON. A PERSON YOU ARE CONSIDERING TO LIST NEEDS TO BE:

1. WELL INFORMED IN REGARDS TO STUDENT'S HEALTH;
2. HAVE AUTHORIZATION TO PICK A STUDENT FROM THE CENTER AND
3. IS ABLE TO OFFER AN ADVICE IN REGARDS TO WELL BEING OF A STUDENT.

NAME: _____

ADDRESS: _____

HOME AND CELL PHONE: _____

PRICE FOR BOSNIAN SCHOOL:

SEMESTER II - MEMBERS - \$280; NON - MEMBERS - \$336

PRICE FOR SECOND CHILD IS 30% CHEAPER



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SEMESTER II BEGINS ON SUNDAY, FEBRUARY 3rd, 2019 FROM 11 AM – 1 PM AT THE CENTER:

10 HARVEY STREET
CAMBRIDGE, MA 02140

SEMESTER II - CLASS SCHEDULE

03, 10, & 24 February (President's Day Observed on February 17th and school vacation)
03, 10, 17, 24 & 31 March
07, 21 & 28 April (School vacation April 14th)
05, 12, & 19 May (Memorial Day Observed on May 26th)

PLEASE FORWARD COMPLETED APPLICATION TO THE EMAIL ADDRESS: jcesic@yahoo.com

PLEASE ALSO SIMULTANEOUSLY SEND CHECK TO THIS ADDRESS:

NEW ENGLAND FRIENDS OF BOSNIA AND HERZEGOVINA
ATTN: BOSNIAN LANGUAGE SCHOOL
10 HARVEY STREET
CAMBRIDGE, MA 02140

WRITE A CHECK TO: NE FRIENDS OF BIH
IN CORRESPONDENCE LINE INDICATE: FOR BOSNIAN LANGUAGE SCHOOL

PLEASE FILL OUT THE APPLICATION AND SEND CHECK IMMEDIATELY. YOUR CHILD / CHILDREN WILL BE REGISTERED UPON THE RECEIPT OF THE CHECK AND APPLICATION. THANK YOU.