

## Kiswahili Class Registration Form

Check ALL that apply:

- ☐ Adult Kiswahili Session  
☐ Youth Kiswahili Session

### STUDENT/SCHOOL INFORMATION

\*Indicates required fields

\*\*Indicates required fields for School Users ONLY

Name: \_\_\_\_\_ \*

Phone Number: \_\_\_\_\_ \*

Email Address: \_\_\_\_\_ \*

Age Group: \* ☐ 6-9 ☐ 10-13 ☐ 14-17 ☐ Adult

#### School Contact Person (if applicable)

Name: First \_\_\_\_\_ \*\* MI \_\_\_\_ Last \_\_\_\_\_ \*\*

Email: \_\_\_\_\_ \*\*

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*\* Ext. \_\_\_\_\_

Number of Students: \_\_\_\_\_

Age Group: \* ☐ 6-9 ☐ 10-13 ☐ 14-17 ☐ Adult

Desired Dates and Times: \_\_\_\_\_

Equipment Accessibility: ☐ Projector ☐ Projector Screen ☐ SMART Board ☐ White Board

Desired Role (Check the box that applies): ☐ Student ☐ Volunteer/Assistant

Please email completed document to [warriorspulse@gmail.com](mailto:warriorspulse@gmail.com)



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