



KLCF SCHOOL APPLICATION FORM

Apply for a class here!

- Name *
First: _____ Middle: _____ Last: _____
- Email *
_____@_____
- Date of Birth *
MM/____ DD/____/YYYY_____
- Gender *
Male or Female
- Social Security Number Or Passport Number

- Phone

- Nation of Citizenship *
- Race / National Origin

- Current Address *

- Organization Name:

- Current Occupation:

- Emergency Contact
- Name *
First: _____ Middle: _____ Last: _____
- Relationship *

- Phone *

- Email
_____@_____
- Address *

What is your planned for?

- This application is for enrollment as: *
Private Class or In-Group Class
- For which term do you seek admission? *
Mon-Fri Three times/week Two times/week
- Tell us, what time you prefer to study? *

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- 1. How long have you been to Cambodia?

 - 2. How long will you stay in Cambodia?

 - 3. What's your purpose of studying?

 - 4. How long will you plan to study Khmer Language?

 - 5. Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangement? (Yes/No?)
Yes or No
 - If yes please specify below:

Full Name: _____

Sign: _____

Date: _____

* Applicants can submit this application to email address: ccfpmk@gmail.com

For your inquiry, please feel free to contact us via address below.

Phone: +855 (0) 12 973339 | Email: ccfpmk@gmail.com
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