

Application

• Saturday Academy • 830 SW 10th Avenue—Suite 200 • Portland, OR 97205

Student Information • *one student per application*

Student Name Male Female

Mailing Address

City State Zip

Home Phone Date of Birth

School Grade (Fall 2008)

E-Mail Address *Is e-mail a good way to contact you?* Yes No

Parental Contact • IN CASE OF EMERGENCY

Parent #1/Guardian Name Cell Phone

Employer Work Phone

Parent #2/Guardian Name Cell Phone

Employer Work Phone

Person to contact if we are unable to reach you:

Name Relationship to student

Home Phone Cell Phone

Emergency Medical Information

I hereby give consent to treat _____ in case of a medical emergency. I understand that all efforts will be made to contact me immediately.

Signature of Parent or Guardian: _____ Date _____

Media Release

Occasionally we take photos or video footage during class for use in our catalog and other public media. Do we have your permission to use your child's image?
 YES NO (Please select one)

Optional

Some of our costs are underwritten by foundations, corporations, and individuals. They ask us to supply statistical information about the students we serve. Your answers to the questions below are optional. Responses are strictly confidential.

Please mark all that apply:

- Native American/Native Alaskan
Tribe _____ % _____
- Asian
- Caucasian
- African American
- Hispanic/Latino/Latina
- Pacific Islander or Native Hawaiian
- Other, Please Specify _____

Do you speak a language other than English at home?

- Yes No Please Specify _____

Are you eligible for the Federal Free or Reduced Price Lunch Program?

- Yes Eligible, but do not participate Not eligible

Class Selections • *select at least one class*

You may enroll in as many classes as you would like. You will automatically be enrolled in the first class listed if there is space. For the rest of your selections, please check "enroll" if you would like to be enrolled, and "alternate choice" if the class listed is an alternate selection. If you do not select a box, but list several classes, we will assume that you want to be enrolled in all classes listed. You may attach an additional sheet of paper if all of your selections do not fit on this form.

Course # Class Name

Course # Class Name Enroll Alternate Choice

Course # Class Name Enroll Alternate Choice

Course # Class Name Enroll Alternate Choice

Why are you interested in this/these class(es)? If class has prerequisites, include qualifications.

Do you have any special conditions/special needs we should know about?

Tuition Assistance • *one class per student per term*

- I would like to request tuition assistance for the class listed above
- If you select this option, we will send you a tuition assistance form in the mail. Please complete the form and return by the date indicated. If the form is not received on time, we reserve the right to cancel your registration.
 - Please note that if you request tuition assistance and select more than one class, we will only enroll you in one class unless you provide payment information for the additional class choices.

Payment Information

- Check enclosed \$ _____ (amount)
- Credit card authorization (fill out below)
- Please read our Application Policies & Procedures on Page 38. Payment is required at time of registration. By submitting this form you are agreeing to our refund policy.

Donations to Student Scholarships

- I would like to join the Scholar Society with a donation of \$50 or more.
- Tax deductible contribution of \$ _____

\$ _____ Total amount to charge Visa MasterCard

Credit Card Number _____ Expiration Date _____

Cardholder's name as it appears on card _____

Authorized Signature _____ Date _____

When complete, mail to the address listed above. You may also complete this form online at www.saturdayacademy.org.