

Student Information • one student per application

Student Name Male Female Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

School _____ Grade (fall 2012) _____

E-Mail Address **All class information will be sent to this email address.**

I do not have access to email. Please send info by postal mail.

Parental Contact • IN CASE OF EMERGENCY

Parent #1/Guardian Name _____ Cell Phone _____

Employer _____

Parent #2/Guardian Name _____ Cell Phone _____

Employer _____

Non-parent Emergency Contact (EC) Information

Non-parent EC Name _____ Relationship to student _____

Primary Phone _____ Alternate 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.

Ethnicity—mark all that apply

- African American Asian
 Caucasian Eastern European
 Hispanic/Latino/Latina Indian
 Native American/Native Alaskan 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

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	<input type="checkbox"/> Enroll	<input type="checkbox"/> Alternate Choice
Course #	Class Name	<input type="checkbox"/> Enroll	<input type="checkbox"/> Alternate Choice
Course #	Class Name	<input type="checkbox"/> Enroll	<input type="checkbox"/> Alternate Choice

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

Do you have any special conditions/needs, or other info we should be aware of?

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.

Payment Information

- Check enclosed \$ _____ (amount)
- Credit card authorization (fill out below)

Please read our Application Policies & Procedures on previous page. 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 \$125 or more.
- Tax deductible contribution of \$ _____

\$ _____ Total amount to charge Visa MasterCard Discover

Credit Card Number _____ Expiration Date _____

Cardholder's name as it appears on card _____

Authorized Signature _____ Date _____