

Registration Application

SUMMER 2003

See instructions on page 34.
Please print clearly.

Student Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Phone	Student Email	
Date of Birth	Grade (Fall 2003)	School
Parent #1/Guardian Name	Cell Phone	
Employer	Work Phone	
Parent #2/Guardian Name	Cell Phone	
Employer	Work Phone	

Class Information

Class (first choice)	Section
Class (second choice)	Section

I would like to take both classes

Why do you want to take this class? (If class requires prerequisites, include qualifications.)

Do you have any special condition we should know about?

Special needs/equipment (Please allow two weeks notice.)

Emergency Medical Form

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 of guardian:

Name _____ Date _____

IN CASE OF EMERGENCY

Phone number where we can reach you when your child will be in class:

Person to contact if we are unable to reach you:

Name _____ Phone _____

Relationship to child: _____

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

Street Address _____

City _____ State _____ Zip _____

Please check programs you have participated in:

CLASS LEAP ASE AWSEM SWRP

Tuition Options (please check one)

- Check enclosed \$ _____ (amount)
- Credit card authorization (fill out below)
- Tuition assistance form requested (one class per student per term)
See Application Policies and Procedures on Page 34

Donations

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

Credit Card Authorization

\$ _____ Amount Charged MasterCard Visa

Credit Card Number _____ Expiration Date _____

Cardholder's name as it appears on card (please print) _____

Authorized Signature _____ Date _____

All charges are processed as PSU Saturday Academy.

Optional Information

Some of Saturday Academy's costs are underwritten by generous foundations, corporations, and individuals. They ask that we supply statistical information about the students we serve. Your answers to the questions below are optional. Responses will be kept 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 another language 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

Saturday Academy Classes & Workshops

20000 NW Walker Road
Beaverton, Oregon 97006
503-748-7497 FAX: 503-748-1104