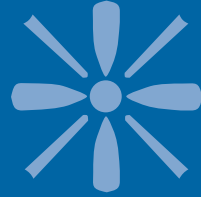


# Online Registration Application

Saturday Academy

PO Box 8728 • Portland, Oregon 97207-8728

503-725-2344 FAX: 503-725-2335



WINTER 2007

## Student Information *(one student per application)*

Student Name  Male  Female

Mailing Address

City State Zip

Home Phone Date of Birth

School Grade

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

## Parental Contact Information – IN CASE OF EMERGENCY

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

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:

Name 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 Information

Some of our costs are underwritten by 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 \_\_\_\_\_% \_\_\_\_\_

Caucasian

African American

Asian

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?

## Payment Information

Check enclosed \$\_\_\_\_(amount)

Credit card authorization (fill out below)

Please read our Application Policies & Procedures on Page 22. Take note of our new refund policy. Payment is required at time of registration.

## 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.

## Donations to Student Scholarships

I would like to join the Scholar Society with a donation of \$50 or more.

Tax deductible contribution of \$\_\_\_\_\_

## Credit Card Authorization

\$\_\_\_\_\_Amount Charged  Visa  MasterCard

Credit Card Number Expiration Date

Cardholder's name as it appears on card

Authorized Signature Date