



Student Information (one student per application)
GRADE LEVEL DESIGNATION IS FOR THE CURRENT SCHOOL YEAR THAT YOUR SON/ DAUGHTER IS COMPLETING IN THE 08-09 SCHOOL YEAR.

Student Name, Mailing Address, City, State, Zip, Home Phone, Date of Birth, School, Current Grade level, Parent E-mail address, Student E-mail address, How did you find out about Saturday Academy?

Optional

Some of our costs are underwritten by foundations, corporations, and individuals. They ask us to supply statistical information about the students we serve.

Demographic questions: Native American, Asian, Caucasian, Hispanic, African American, Pacific Islander, Middle Eastern, Other. Eligibility for Federal Free or Reduced Price Lunch Program.

Parental Contact Information

(Please list phone numbers where we can reach you when your child will be in class.)

Parent/Guardian #1 Name, Cell Phone, Employer, Work Phone. Parent/Guardian #2 Name, Cell Phone, Employer, Work Phone.

Person to contact if we are unable to reach you:

Name, Relationship to student, Home Phone, Cell Phone

Registration is as easy as 1, 2, 3!!

- 1. Fill out and sign form.
2. Make checks out to Saturday Academy or Request tuition assistance form.
3. Mail your application and payment.
4. You will receive details and instructions regarding your enrollment 7 - 10 business days before the first class meeting.

Students from Albany & Mill city school districts pay one-half tuition fee

Send Registration and Payment to: Saturday Academy; Oregon State University 245 Batcheller Hall; Corvallis, OR 97331-2404

Class Selections

Term (circle one) : Fall '09 Winter '10 Spring '10 Summer '10
Please list the name, date, and time of the classes that you have selected.

Class Name, Date/Time. Please send me a tuition assistance form.

Payment Information

Class Tuition, Tax deductible contribution, Total amount of check or cash enclosed.

Saturday Academy is an independent, non-profit cooperative hosted by OSU. Your tax-deductible contribution is sincerely appreciated so that we can continue providing high quality educational experiences for your children.

Emergency Medical Information

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

Signature of Parent/Guardian, Date

Chronic Illnesses / Allergies:

Other special conditions / special learning needs:

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 (Parent/guardian initials here)

Refund and Withdrawal Policy

All class withdrawals are subject to a \$10 non-refundable processing fee. No refund will be issued for withdrawals occurring 6 business days or less before the first class meeting.

Expectations

Saturday Academy is for interested and motivated students who are willing and able to participate in class. Please let us know in advance if your student has special learning needs so that we can make appropriate accommodations.