

13. Residency

How long have you lived in California? _____

14. Educational Status

- 1. Non-high school graduate
- 2. Currently attending high school or below/GRADE ____
- 3. Attending adult school
- 4. High school graduate
- 5. Received GED or HS Certificate of Equivalency/Completion
- 6. Received California High School Certificate of Proficiency
- 7. Foreign school diploma/certificate
- 8. Associate degree
- 9. Bachelor degree or higher

15. Year in which above education was completed

16. School Attended/Currently Attending

State

17. Emergency Contact Information

Name

Telephone

*****ATTENTION*****

Before submitting your application, please check to make sure **ALL** requested information and signatures are complete.

Incomplete applications or payment will be returned and space will not be held.

Submit forms to the address below along with full payment (check, money order, **or** credit card number with expiration date and signature) to:

College of the Siskiyous
Attn: Admissions & Records
800 College Avenue
Weed, CA 96094

If you have questions about the registration process, please call (530) 938-5555.

Office Use Only:

Entered by _____ Date _____

Notes: _____

PAYMENT METHOD

(Full payment must accompany this form):

_____ CHECK OR MONEY ORDER

_____ VISA _____ MASTERCARD _____ DISCOVER

NUMBER _____ **EXP.** _____

CVV 2 (3 digit code on back) _____

SIGNATURE (If credit card payment)

COLLEGE OF THE SISKIYOU'S PERFORMING & VISUAL ARTS CAMP 2009

Please Note: Completed registration paperwork must be on file prior to the first day of the Camp or the student will not be allowed to participate. Incomplete registration paperwork will be returned.

STUDENT'S NAME _____ SSN _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ PARENT'S WORK PHONE (if applicable) _____

CURRENT GRADE _____ CURRENT SCHOOL _____

PARENT MUST SIGN (if student is under age 18):

I hereby authorize the Instructors of the College of the Siskiyous Performing & Visual Arts Camp 2009 to act for me according to their best judgment in any emergency requiring medical attention.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

INSURANCE COMPANY _____ POLICY # _____

SUBSCRIBER NAME AND NUMBER _____

NOTE SPECIAL MEDICAL CONDITION(S) OR ALLERGIES _____

The undersigned agree to defend, indemnify and hold harmless the Siskiyou Joint Community College District, its Board of Trustees, officers, agents, employees and volunteers, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned.

I swear under penalty of perjury that the information provided in this application is true and correct.

SIGNATURE OF STUDENT DATE
(STUDENT MUST SIGN)

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE
(IF STUDENT IS UNDER 18)

