

Last Name _____
for office use only.

APPLICATION

PARTICIPANT INFORMATION

Please type or print clearly in dark ink.

Name _____ Date of Birth _____ Gender _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Name of School _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Grade level (as of 9/2008) _____

Mother's name _____ Father's name _____

Home phone _____ Home phone _____

Work phone _____ Home phone _____

Student ___ has/ ___ has not previously attended a Pre-College enrichment program at Wright State University. Year(s) _____

COURSE REGISTRATION INFORMATION

Check (x) all appropriate fees when registering. Participants registering for gifted/talented courses must submit a SCHOOL NOMINATION. (See other side.)

| | Course Number | Alternate Number | Registration Deposit | Balance Due | Balance Due Date | Extended Day (if applicable) | | |
|---------------|---------------|------------------|----------------------|-------------|------------------|------------------------------|-----------|----------|
| | | | | | | a.m. only | p.m. only | both |
| Session I: | _____ | _____ | ___ \$50 | ___ \$50 | (6/2/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session II: | _____ | _____ | ___ \$50 | ___ \$50 | (6/9/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session III: | _____ | _____ | ___ \$50 | ___ \$50 | (6/15/08) | ___ \$12 | ___ \$28 | ___ \$36 |
| Session IV: | _____ | _____ | ___ \$50 | ___ \$50 | (6/23/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session V: | _____ | _____ | ___ \$50 | ___ \$50 | (6/30/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session VI: | _____ | _____ | ___ \$50 | ___ \$50 | (7/7/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session VII: | _____ | _____ | ___ \$50 | ___ \$50 | (7/14/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session VIII: | _____ | _____ | ___ \$50 | ___ \$50 | (7/21/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| Session IX: | _____ | _____ | ___ \$50 | ___ \$50 | (7/28/08) | ___ \$15 | ___ \$35 | ___ \$45 |
| TOTALS: | | | _____ | _____ | _____ | _____ | _____ | _____ |

All applications must be submitted with the registration deposit for each course. An invoice for the balance due and extended care fees will be sent with the confirmation of registration. A \$10 late fee will be added to all balance due payments received after 5:00 p.m. of the due date. **NO EXCEPTIONS.**

Parent/Guardian Signature* _____ Date _____

*Signature indicates that you have read and fully understand the brochure/cancellation/refund policies and program information of the Office of Pre-College Programs.

METHOD OF PAYMENT

Please do not send cash.

Personal check or Money Order number (payable to **Wright State University**) _____ Amount \$ _____ Date _____

Credit card number _____ Amount \$ _____ Date _____

Credit card type: _____ MasterCard _____ Visa _____ Discover _____ Expiration Date _____

Name of card holder (please print) _____ Signature of card holder _____

RETURN WITH SCHOOL NOMINATION IF REQUIRED TO:

Wright State University
Office of Pre-College Programs
120 Millett Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Phone (937) 775-3135, FAX (937) 775-4883
www.wright.edu/academics/precollege

