

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 9/2009) \_\_\_\_\_

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	(6/1/09)	___ \$15	___ \$35	___ \$45
Session II:	_____	_____	___ \$50	___ \$50	(6/8/09)	___ \$15	___ \$35	___ \$45
Session III:	_____	_____	___ \$50	___ \$50	(6/15/09)	___ \$15	___ \$35	___ \$45
Session IV:	_____	_____	___ \$50	___ \$50	(6/22/09)	___ \$15	___ \$35	___ \$45
Session V:	_____	_____	___ \$50	___ \$50	(6/29/09)	___ \$15	___ \$35	___ \$45
Session VI:	_____	_____	___ \$50	___ \$50	(7/6/09)	___ \$15	___ \$35	___ \$45
Session VII:	_____	_____	___ \$50	___ \$50	(7/13/09)	___ \$15	___ \$35	___ \$45
Session VIII:	_____	_____	___ \$50	___ \$50	(7/20/09)	___ \$15	___ \$35	___ \$45
Session IX:	_____	_____	___ \$50	___ \$50	(7/27/09)	___ \$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

