

STUDENT INFORMATION (*Information requested for person registering for the class*)

Social Security Number _____
(If U.S. Social Security number is not available, a student I.D. will be assigned)

Birthdate _____ / _____ / _____
mo day year

**** For Reporting Purposes Only*

Sex Male Female Citizenship U.S. Citizen Other _____

Race Asian/Pacific Islander Black/Non-Hispanic Alaskan Native
 Hispanic Native American Indian White

Student Name _____
Last First Middle

Home Address _____
Street or RFD City

County State Zip Code

School Name: _____

County of School _____ (Check One) City School System County School System

Grade (Check One) 5th 6th 7th 8th Name of School Coordinator _____

Parent / Legal Guardian Name: _____
Last First Middle Relationship

Phone #'s: Home _____ Work _____ Cell _____ Emergency _____

TALENTED AND GIFTED STUDENT PROGRAM - 2010

Course/Seminar Name	TALENTED AND GIFTED PROGRAM 2010			CEU #	1901-001-S10
Course Location	WSCC MORRISTOWN	Time	9:00 A.M. – 1:30 P.M.	Day(s)	SATURDAYS
Semester	SPRING	Fee \$	169.00	(Includes Souvenirs)	
				Dates	1/16, 1/23 1/30, 2/6 2/13, 2/20

STUDENT PREFERENCE SURVEY

INSTRUCTIONS: Reference the Program Schedule matrix and select 3 courses from each session in order of preference; 9 *different* course titles in all. Courses on the Program Schedule that are listed in more than one session will be considered when your schedule is made. * DO NOT DUPLICATE COURSE TITLES. Your final schedule will reflect 3 classes. **

SESSION ONE

1. _____
2. _____
3. _____

SESSION TWO

1. _____
2. _____
3. _____

SESSION THREE

1. _____
2. _____
3. _____

*Preferences should be listed in order of student's interest, keeping in mind that the student may be enrolled in any of the courses listed, based on availability and receipt of the application by deadline.

Note: Classes assigned on a first come basis. Incomplete registration forms will not be considered.

I certify that all information provided on this form is accurate. I am aware that this course is a "non-credit" course, and that continuing education units may be awarded. I am aware there will be no refunds other than for cancellation of the class by the college. For extenuating circumstances this may be appealed through the Dean of Community Education.

Parent (or Guardian) Signature

Date

FOR BUSINESS OFFICE USE ONLY

Date _____ Fee \$ _____ Paid by _____ Paid for: _____ Receipt # _____

Cash Check # _____ Debit Card (Check Card)** Credit Card: VISA** Credit Card: MasterCard** Credit Card: Discover**

Received by (initials): _____