

2010 Ox-Bow Registration Form

STUDENT INFORMATION

PLEASE PRINT CLEARLY. Please inform us of any medical/health conditions or disabilities that might require emergency assistance:

Last Name First Middle

SSN Gender Date of Birth

Phone (home) Phone (work) Email

Address

City State Zip

Emergency Contact Information

Name Relationship Phone

Marital Status Single Divorced Widowed Married

Ethnic Origins* Black, Non-Hispanic American Indian Alaskan Hispanic
 White, Non-Hispanic Asian, Pacific Islander

PLEASE ANSWER THE FOLLOWING QUESTIONS:

If you are currently enrolled at a college or high school, please list:

Year or level: Major area of study:

If you are currently enrolled in school, please indicate permanent address if different from above:

COURSE REGISTRATION

Are you registering for (please check one): Credit Non-credit

Are you: commuting to Ox-Bow residing at Ox-Bow.

I have a car and can possibly carpool with other students.

COURSE CODE + TITLE	DATES	TUITION	RM/BD FEE	LAB FEES
1.....				
2.....				
3.....				
(indicate 2nd choice if you want).....			Totals.....	
			Grand Total.....	

I would like to apply for a work-scholarship position.

I would like to request a single room. I understand that if a single room is available I will be billed for the additional single-room fee of \$100 per week (\$100, 1 week; \$200, 2 weeks).

PLEASE COMPLETE PAYMENT INFORMATION ON BACK. YOUR REGISTRATION WILL NOT BE PROCESSED WITHOUT PAYMENT INFORMATION



*Information on ethnic origin and physical limitations or disabilities is optional and is collected with federal regulations. It is the policy of Ox-Bow not to discriminate on the basis of age, handicap, color, creed, national origin, religion, race, sex, or sexual preference in student recruitment and admissions, in financial aid programs, in student employment services, in educational programs and activities, or in employment practices.



PAYMENT METHOD

PLEASE NOTE: Credit Courses: checks payable to SAIC Non-credit Courses: checks payable to Ox-Bow

Enclosed payment: \$ _____ Check # _____ Money Order # _____

For non-credit payments only:

VISA MasterCard American Express

Card Number _____ Expiration Date _____

Card Holder's Name (as it appears on card) _____

Signature _____

I understand that I am academically and financially responsible for the course(s) for which I am registering. I also have read and understand the registration and refund policies of Ox-Bow as published in this schedule. I understand that any changes are contingent upon the completion and submission of the proper form(s) to the Ox-Bow office and that I may incur academic or financial penalties if I do not follow these procedures.

I give Ox-Bow permission to provide emergency medical care, hospital or clinic treatment, or to administer minor medicine provided through Ox-Bow to myself/my minor or ward. I hereby waive liability against Ox-Bow for such care provided or transportation to such location as deemed necessary by Ox-Bow.

Registration received without payment, course choice, or which cannot be processed for any other reason will be returned.

I give Ox-Bow permission to photograph and publish photographs of myself/my child participating in instruction and/or social activities at Ox-Bow, which permission shall remain in effect until revoked, in writing, by myself to the Ox-Bow staff.

Please sign

X _____

Signature of student (or legal guardian or parent if student is under 18 years of age)

Date _____

REGISTRATIONS POSTMARKED BEFORE MARCH 22, AND FAXED BEFORE MARCH 30, WILL BE PROCESSED AFTER MARCH 31.

PLEASE COMPLETE AND SIGN FORM.

MAIL TO:

Ox-Bow
36 S. Wabash Avenue, 12th Floor
Chicago, IL 60603

PHONE: 800.318.3019

FAX: 312.629.6156

