

The Community School of the Arts at EOU

Registration Form

Quarter _____



Please Use Separate Form For Each Student

Student Name _____ Phone Number (____) ____ - _____
 Last First MI

Gender: Male ___ Female ___ Birth Date ___/___/___

Address _____ City _____ State ____ Zip _____

Email Address _____ Alternate Phone Number (____) ____ - _____

Parent's Name (if student under 18) _____

Parent Contact Phone Number (____) ____ - _____ Parent's Email Address _____

Course Number	Course Title	Course Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Registration Fee	\$10.00
	Total Due	_____

Please note that full payment of fees is due before the first day of class

Payment Information – Please Make Checks to: The Community School at EOU

Credit Card Payment
 Type of Card (Visa, Mastercard) _____ Account Number _____
 Name on Card _____ Security Code ____ Ex. Date _____
 Cardholder's Signature _____