

CLASS REGISTRATION



- **Currently Enrolled Student**, complete section **A ONLY**
- **New Family / Student**, complete sections **B, C, D, & E**

PLEASE PRINT CLEARLY

Currently Enrolled Student

A

Client / Parent / Guardian First Name			Client / Parent / Guardian Last Name		
Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code
Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code
Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

New Family / Student

B

Client / Parent / Guardian First Name			Client / Parent / Guardian Last Name		
Address / Apt #			City		Zip Code
Email			Cell Phone	Home Phone	
			() -	() -	

1

Student First Name			Student Last Name		
Date of Birth	School Student Attends		Special Needs		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

2

Student First Name			Student Last Name		
Date of Birth	School Student Attends		Special Needs		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

3

Student First Name			Student Last Name		
Date of Birth	School Student Attends		Special Needs		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

C

Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/a <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other _____	How did you hear about us? <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Flier <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Resource Fair <input type="checkbox"/> SOAC Event <input type="checkbox"/> Other _____
Preferred Language of Communication <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		
Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		

D**EMERGENCY CONTACT**

Fill out information different from Parent / Guardian already listed in Section A or B

Emergency Contact First Name		Emergency Contact Last Name	
Cell Phone () - - - - - -	Home Phone () - - - - - -	Relation to Student	

E**TALENT RELEASE**

The signature below confirms that agreement between me and the School of Arts and Culture (SOAC) regarding you and/or your child(ren)'s participation in activities in which they may be photographed or videotaped (The Property) from time to time.

I also grant SOAC and its designees the right to broadcast exhibit, market, and otherwise distribute the Product, either in whole or in part, and either alone or with other products, closed-circuit exhibition, home video distribution or any other purpose that SOAC or its designees in their sole discretion may determine. This agreement includes the right to use the Product for promoting or publicizing any of the uses.

I confirm that I have the right to enter this agreement, that I am not restricted by any commitments to third parties and that SOAC has no financial commitment or obligation to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my and/or my child(ren)'s name, likeness, image, voice, appearance and/or performance embodied in the Product.

Check this box if you do **NOT** give your and/or your child(ren)'s permission to participate in the documentation and advertisement through video and, or photography.

 STUDENT/ PARENT / GUARDIAN SIGNATURE
(student signature if over 18 years of age)

 DATE

To submit in person, stop by our office:

School of Arts and Culture at MHP
 1700 Alum Rock Avenue
 San Jose, CA 95116

Monday to Friday from 10:30am - 6:00pm

For questions or to submit online, contact:

info@schoolofartsandculture.org
 (408) 794-6250

Registration Hours:

Monday from 11:00am - 7:00pm
 Tuesday to Friday from 9:30am - 5:30pm

