PLEASE RETURN BY MAY 8 WITH $75 REGISTRATION FEE

Student Information:
Name: First_________________ Middle______________ Last__________________ WIN______________
Address:_______________________________________________________________________________
Home Phone: (____)____________Student E-mail Address: ________________________________
Racial Group(s):
___ White
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ Asian
___ American Indian or Alaskan Native
Are you Hispanic? ___Yes ___ No
Nickname (if commonly used in class):
____________________________
Gender: M F
Birth Date: _____/_____/_____

Parent or Legal Guardian (for use by ATYP Office staff only):
Mother
Or Other Individual With Legal Custody
Last Name First Name Daytime/Cell Phone
Street (if not same as above) City State Zip
Email Address

Father or Other Guardian:
(if applicable)
Last Name First Name Daytime/Cell Phone
Street (if not same as above) City State Zip
Email Address

Please check if you need mailings sent to different addresses
If you have more parents or guardians to add, please attach a sheet with names, addresses and email addresses.

In case of Emergency, please notify (give a name of someone not already listed/not a parent):

Name Phone Relationship to student

Student: I am ready to commit to the responsibilities involved, agree to abide by all ATYP and classroom rules, expectations, and Code of Conduct, and want to enroll in the ATYP class(es) designated on the back:

Student Signature: _________________________________

Parent or Legal Guardian: We agree to my/our child’s enrollment in ATYP classes, and to the $75 processing fee*. We also have read and discussed with our child “What Every ATYP Student Should Know: Safety Policies and Procedures” and the “Code of Conduct” (which have been provided to me/us).

I also hereby consent for my child’s picture to be used in ATYP materials for promotional and/or training purposes. I also consent that WMU faculty may, but are not obligated to, seek medical treatment (including but not limited to transporting to an emergency room) for my child at my/our expense:

Signature: _________________________________

(over)
ATYP Enrollment Form
Continuing Students – Year IV
School Year 2015-2016

Name: First___________________ Last_________________________ WIN_________________

Nickname (if commonly used in class):_____________________

**Fall 2015 Information:**

Grade (for 2015-2016): _____  H.S. Graduation Year ______  Home schooled?  Y  N

School District Name: ___________________________  School Name: ___________________________

Please advise of any health-related information regarding your child about which you feel staff or faculty should be aware. List any medications your student is taking. (Note: You are responsible for administering all medications, etc., for your child.) Please attach any 504 plans or an IEP if your student has one.

Please use the space below for additional information, comments, or questions about your child.

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**ATYP Enrollment:**

_____Year IV – From Socrates to Smart Phones:  Main Campus only

Check all that apply (class day/time will be determined based on student availability):

_____ can meet on Monday/Wednesday 3-5 p.m.
_____ can meet on Monday/Wednesday 4-6 p.m.
_____ can meet on Tuesday/Thursday 4-6 p.m.
_____ can meet on Tuesday/Thursday 5-7 p.m.
_____ can meet on Tuesday/Thursday 6-8 p.m.

**Other Possible Class:**

_____ (AP) Computer Science (meets Mon/Wed 2-4 pm)

*Processing Fee*: $75.00  Due with enrollment form (return to class or mail).

Please make checks payable to Western Michigan University. If the processing fee is a burden for your family, please contact us. No portion of the fee is refundable unless class is canceled by ATYP or family moves prior to the first day of classes.

**WMU reserves the right to not hold ATYP classes for any reason, including but not limited to low enrollment. Registration forms returned after May 8 will be considered on an individual basis if space is available.**

**Complete both sides of form and return to:**

ATYP Program/Western Michigan University
Lee Honors College
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5244

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