

University of South Florida
URBAN SCHOLARS OUTREACH PROGRAM
COLLEGE OF ARTS & SCIENCES

STUDENT REGISTRATION FORM: SATURDAY PROGRAM

DATE: ____/____/____

STUDENT NAME: _____

Last

First

Initial

NAME OF SCHOOL _____

GRADE _____

DATE OF BIRTH ____/____/____

GENDER: Male / Female

HOME ADDRESS _____

APT #: ____

CITY: _____

ZIP: _____

HOME PHONE# _____

MOTHER'S NAME _____

WORK # _____

FATHER'S NAME _____

WORK # _____

CONTACT E-MAIL ADDRESS: _____

LIST OF PERSON'S WHO WOULD BE RESPONSIBLE FOR TRANSPORTING YOUR CHILD

NAME _____

PHONE # _____

NAME _____

PHONE # _____

IN CASE OF ILLNESS OR INJURY PLEASE CONTACT

NAME _____

PHONE # _____

Circle subjects in which you need assistance from the following list (circle all that apply):

Mathematics: General Math, Pre-Algebra, Algebra, Algebra II, Trigonometry, Geometry, Calculus and AP Math, and Achievement Level in Math or **Other:** _____

English: preparatory help in SAT, PSAT, SSAT and Achievement level in English

Science: Chemistry, Biology and Physics, AP level Sciences and Achievement level in Sciences

Signature: _____
PARENT/LEGAL GUARDIAN

DATE