

Student Registration Form ASU Language Fair

_____ Name of Insured: _

Complete <u>all</u> fields of the questionnaire below. This information will be utilized to communicate with you regarding upcoming opportunities including educational resources, on-campus activities, and invitation only events at ASU.

Mailing Address:	الأddle Name: Last Name:	
	City:	Zip Code:
Phone Number: ()	Email Address:	
Date of Birth (MM/DD/YYYY):	Gender: □ Female □ Male Current Grad	le Level:
Current School:	Career Interest:	
Check the box next to your parent(s) who have college degree.	Have you taken any of the following test your score next to the test name.	sts? If so, please list
☐ Mother/Stepmother ☐ Father/Stepfathe	□ No □ Yes, ACT score:	
☐ Neither	☐ Yes, PSAT score	e:
What is your current 4 point scale Grade Point		
(GPA i.e. 3.5)?	What are your plans after high school of	graduation?
What classes are you taking in the following are	gs? ☐ Get a full time job ☐ Join the	military
Math		
AP/IB/Honors		
Foreign Language	———— ☐ Attend a 4 year college or university	,
Student to participate in the activities related to A covers all events and occurrences associated wit	d above, I, (print name), of the ducational Outreach. This Release, Indemnity and As the activities, including travel between activities, participates.	ssumption of Risk Stateme ation and observation. I als
As the parent or legal guardian of the Student list Student to participate in the activities related to A covers all events and occurrences associated wit authorize ASU to film, videotape, photograph or cand use the film, videotape, recordings and Studeommercial promotional activities, materials, or we for myself and on behalf of Student, I agree to as Student, or damage to or loss of property while Soue ASU for any harm or damage associated with harm or damage is not due to the negligence or for result of my or Student's negligence. I understand Student's personal safety. I consent to the provisi	d above, I,	esumption of Risk Statemention and observation. I also activities and to reproduce in connection with non-cult in harm, injury or illness the Activities. I agree not the accept responsibility for ent that the treatment is
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Policy Number: