SAT PREP CLASS WALNUT VALLEY FINANCING CORPORATION

REGISTRATION FORM

Please complete this registration form and return it with your PERSONAL CHECK, CASHIERS CHECK OR MONEY ORDER (made payable to WALNUT VALLEY FINANCING CORPORATION). Mail the registration form and your payment to WALNUT VALLEY FINANCING CORPORATION C/O DIAMOND BAR HIGH SCHOOL, 21400 PATHFINDER RD., CALIFORNIA 91765. <u>Applications must be received by January 15, 2010.</u> COMPLETE ALL FOUR PARTS BELOW.

| <u>Part 1</u> | | | |
|---|-------------------------------|----------------------|--|
| Student Name: Last Firs | t Middle Female | Student ID # | |
| Street Address: | | | |
| City: | State: Zip C | State: Zip Code: | |
| | School you now attend- Today: | | |
| ====================================== | | | |
| Grade Level you are in TODAY: _ | Parent's Cell Phone: | | |
| Father's Name: | Work Phone: | Ext | |
| Mother's Name: | Work Phone: | Ext | |
| Guardian's Name: | Work Phone: | Ext | |
| which you wish to use to receive co E-MAIL ADDRESS (<i>please print</i> | <u>legibly</u>): | | |
| | @ | | |
| Part 4 EMERGENCY INFORMATIO | ON THIS INFORMATION MUST | T BE PROVIDED | |
| If no one can be contacted at home or work tele | ephone numbers, please call: | | |
| Name: | | hone: | |
| Name of Doctor: | Phone: | | |
| Name of Hospital: | Phone: | | |
| Please list any medical conditions or allergies y | your student may have: | | |
| Signature of Parent/Guardian: | | | |
| Date: | | | |