

SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION

Fall 2009

For fast, easy and secure service, please consider applying online at www.ctd.northwestern.edu/sep

Please type or print. You may photocopy this application for family or friends. Check online for up-to-date class availability.

Applicant Information

Applicant's Name

FIRST MIDDLE LAST

Date of Birth 2009–2010 Grade Level

Prequalified students: Please check box if any of your contact information has changed and enter current information below.

Billing/Home Address

BOX/ROUTE OR NUMBER AND STREET

CITY STATE ZIP

Home Phone () Fax () E-mail

Gender Male Female Race/Ethnicity (optional) Caucasian Native Alaskan/Native American
 African-American Asian/Pacific Islander Hispanic Multiracial Other

Contact Information

Parent/Guardian #1 Name Dr. Mrs. Ms. Mr.

Day Phone () Evening Phone () Cell Phone () E-mail

Occupation Employer

Parent/Guardian #2 Name Dr. Mrs. Ms. Mr.

Day Phone () Evening Phone () Cell Phone () E-mail

Occupation Employer

Emergency Contact *other than parents* required. *This person must be available on Saturdays when your child is in class.*

Name

FIRST LAST RELATIONSHIP
 Phone () Cell Phone ()

Please check if you **cannot** accept an e-mail acceptance packet.

Please include my child's name on the **carpool list**.

Please indicate where you would like your end-of-session evaluation to be sent:

E-mail Street Address *If neither is checked, your e-mail will be used.*

Application Method *For descriptions of the following, see page 11, "Who Can Participate."*

Prequalified Applicant New Student or New Scores Admission Portfolio

Application Checklist *Application forms will only be processed once all relevant materials have been received.*

Prequalified Applicants*	New Applicants or New Scores	Admission Portfolio
*PLEASE REFER TO PAGE 11 TO CONFIRM THAT YOU ARE ELIGIBLE AS A PREQUALIFIED APPLICANT. <input type="checkbox"/> Successful previous CTD participation in same subject area <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after September 19, 2009	<input type="checkbox"/> Nationally normed test scores or CTD evaluation (please attach) Date _____ <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after September 19, 2009	<input type="checkbox"/> 2 Teacher recommendations (pages 17 & 18) <input type="checkbox"/> Current report card <input type="checkbox"/> State test scores if available <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after September 19, 2009

Are you applying for financial aid? Yes No *If yes, please enclose a completed Financial Aid Application pages 19 & 20 and your tax forms. (see page 13)*

Course Choice(s)

Please indicate your first, second and third course choices. If you would like both a morning and afternoon class in Evanston, please fill out a second application. Please choose only classes your child would enjoy. Be sure your child has taken any prerequisites.

Choice	Course Number	Course Title	Site
1st choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine
2nd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine
3rd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine

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