



Seabury Hall SAT PREP COURSE July 12– July 25, 2008 Registration Form

Please print or type. Please fill out one registration form per student. Priority will be given to those students registering by **May 31, 2008**. Full payment of **\$395** made out to **Seabury Hall** must be included with the registration form. Please mail form and payment to:
SAT Prep Course, Seabury Hall, 480 Olinda Road, Makawao, HI 96768.

Student Information

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Birth Date	Sex
_____	_____	_____	_____	_____
Grade 2008-2009	School Currently Attending	email address		
Parent(s) Name _____				
_____	_____	_____	_____	_____
Home Address	City	State	Zip	

Emergency Information:

_____	_____	_____
Mother's Name	Business Phone	Home Phone
_____	_____	_____
Father's Name	Business Phone	Home Phone
_____	_____	_____
Emergency Contact Person (other than parents)	Business Phone	Home Phone

Health Information:

Health Insurance: _____

_____	_____	_____
Name of Physician	Phone Number	Address
Special Health Conditions _____		

I, _____, authorize Seabury Hall personnel to contact my physician and accompany my child to the nearest health resource if I am not available at time of emergency.

_____	_____	_____
Signature of Parent or Guardian	Date	Hospital or Clinic

Office Use Only	
Amount Paid \$ _____	_____
Receipt # _____	Date: _____

Total Enclosed \$ _____