Student Registration Form

Please Print

Name: __________________________________________________________________
Address: __________________________________________________________________
City: ___________________________ State: ________ Zip: _______________
Phone: ( ________ ) __________________________
E-mail: __________________________________________________________________
Current School Attending: __________________________________________________________________
School City: ___________________________ School State: ______________
High School Graduation Year: ___________________________

I heard about this Portfolio Day through .......... (Please check all that apply)

☐ Postcard sent to my home
☐ Poster in a classroom / art teacher
☐ Internet
☐ Counselor
☐ College Fair
☐ College Representative, if so from which college? ________________________________
☐ Other: ____________________________________________________________________

THANK YOU!