

SUMMER 2011

NEWSCHOOL OF ARCHITECTURE + DESIGN

EXPLORATORY

Please complete both sides of this form and return. See below for submission instructions.

PERSONAL INFORMATION

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of birth _____

Current grade level _____

School attending/attended in 2010-2011 _____

EMERGENCY CONTACT

Name of Person _____ Relationship _____

Phone _____

CLASS SCHEDULE

Monday–Thursday
9:30 a.m.–2:30 p.m.
July 18–August 11

TUITION OPTIONS

- \$100 Deposit
(due with application)
- \$1495 total before June 18
- \$1695 total after June 18
- \$ _____ Total submitted

Payment Method:

Cash Check # _____

Credit Card: VISA MASTERCARD DISCOVER AMEX

Credit Card Number

Exp Date (Month/Year) 3-or 4-Digit Security Code

Name of Credit Card Holder

Billing Address (if different from above)

City State ZIP

Authorization Signature Date

If full payment is not being made at this time, please provide \$100 deposit.

