



# Continuing Studies

**PLEASE MAIL OR FAX TO:**  
 The School of the Art Institute of Chicago  
 Registration and Records  
 36 South Wabash Avenue, suite 1210, Chicago, IL 60603  
 Email: saic.registrar@saic.edu  
 Phone: 312.629.6700 Fax: 312.629.6701

Term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

## Children's Workshops, Middle School Program, and Early College Program Registration Form

Parent Email (required) \_\_\_\_\_ Student Email \_\_\_\_\_ ID# (if returning) \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender:  Male  Female

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of legal residency:  U.S.A.  Other \_\_\_\_\_

Name of School \_\_\_\_\_ Grade Level \_\_\_\_\_

Please inform us of any medical/health conditions or disabilities that might require emergency assistance, or special needs requiring regular classroom assistance \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Course Selections: total # of courses:** \_\_\_\_\_ (If you wish, include alternative course choice in case the first choice is filled.)

Reg #	Title	Days/Time	Tuition Amount

### CS Acknowledgement & Agreement

**Registration/Cancellation:** I understand that I am financially responsible for the course(s) for which I am registering. A full refund will be granted for cancellations submitted in writing or in person on or before the drop date published in the registration confirmation letter and online at [www.saic.edu/cs](http://www.saic.edu/cs). **Medical:** I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation provided to such locations as deemed necessary by SAIC. **Rules of Conduct:** I have read and agree to abide by the SAIC Rules of Conduct as stated at [www.saic.edu/csrulesofconduct](http://www.saic.edu/csrulesofconduct). **Photo/Video:** I give SAIC permission to video or photograph me participating in instructional and/or social activities at SAIC and to publish such videos or photographs. **I agree to the forgoing on behalf of myself/my child or ward.**

**X** \_\_\_\_\_  
 Signature **REQUIRED** of student or legal guardian or parent if student is under 18 years of age.

### ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:

SAIC is committed to full compliance with all laws regarding equal opportunities for students with disabilities and seeks to provide reasonable accommodations to program participants with identified disabilities. Please contact the Continuing Studies Office at 312.629.6170 with detailed information at least two weeks prior to the start of a class to allow adequate time to develop an individualized education plan and to secure appropriate resources.

**Ethnic Origin\***  Black  Non-Hispanic  White  Hispanic  Alaskan Asian  Pacific Islander  American Indian

\*Information on ethnic origin and physical limitations or disabilities is optional and in compliance with federal regulations. It is the policy of the SAIC not to discriminate on the basis of age, handicap, color, creed, national origin, religion, race, gender, or sexual orientation in student recruitment and admissions, in financial aid programs, in that require student employee services, in educational programs and activities or in employment practices.

<b>For Office Use Only:</b>			
Fax _____	Mail _____	In-Person _____	ID# _____
PS Reg _____		Confirm Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (make payment online) <input type="checkbox"/> Remission	

## Children's Workshops, Middle School Program, and Early College Program Financial Aid Form

Student last name \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_ Social Security # \_\_\_\_\_

Student email \_\_\_\_\_

Parent/guardian name (required) \_\_\_\_\_ Parent/guardian email (required) \_\_\_\_\_

Total size of household \_\_\_\_\_ How many in college? \_\_\_\_\_

Are there any other family members applying for financial aid?  Yes  No If yes, how many? \_\_\_\_\_

Have you previously received financial aid from SAIC?  Yes  No If yes, when? \_\_\_\_\_

**To be considered for financial aid you must provide the following two documents:**

1. A completed signed registration and financial aid form (including course choice and a signature).
2. A copy of your family's recent tax return (1040 Form). If your family did not complete a recent tax return, proof of unemployment, W-2 Forms, or an AFDC medical card will be accepted. Applications take two weeks to process and you will be notified by mail.

### Grace and Byron Smith Scholarship (for high school students only)

The Grace and Byron Smith Scholarship is awarded to students who have attended a parochial high school in Illinois for at least one full academic year. The Smith Scholarship is awarded on a first-come, first-served basis, and may cover a percentage of tuition as funds are available.

Parochial high school \_\_\_\_\_ Address of parochial school \_\_\_\_\_ Year(s) attended \_\_\_\_\_

### Joanne Alter Scholarship Fund (for middle school students only)

The Joanne Alter Scholarship Fund is a merit-based fund that is awarded to one Middle School Program student each fall and spring semester. This scholarship will cover 100% tuition for one ten-week course. To apply complete the [Joanne Alter Scholarship Application Form](#) and mail all materials to the Continuing Studies office.

**Financial aid applications received after the first day of class will not be considered! Incomplete applications will be returned and the student will not be registered for classes.**

The information reported on this application is true and correct to the best of my knowledge. By signing, I confirm that I understand the add/drop policy.

X \_\_\_\_\_  
 Parent's signature (parent/guardian must sign if the student is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

%	Tuition	Award	Balance
Budget Amount	Award Type: <input type="checkbox"/> Atler <input type="checkbox"/> Unendowed <input type="checkbox"/> Smith		