

STUDENT INFORMATION

- Returning Student
 New Student

All new students must first attend an orientation session prior to filling out this form.

Student First Name _____ M.I. _____ Last Name _____ Suffix (Jr, Sr, III) _____

Date of Birth (mm/dd/yyyy) _____ Age _____ School _____ Grade _____ Expected H.S. Graduation Date _____

Gender: _____ What category best describes your race? (please check one)

Male Female African American/Black Hispanic/Latino Asian/Pacific Islander White Native American/Alaskan Native

Multiethnic (please specify) _____ Other (please specify) _____

Street Address _____ CHICAGO _____ IL _____
City State Zipcode

Home Phone _____ Cell Phone _____

Email Address _____ Website _____

PARENT/GUARDIAN INFORMATION

First Name _____ M.I. _____ Last Name _____ Suffix (Jr, Sr, III) _____

Gender: _____ What category best describes your race? (please check one)

Male Female African American/Black Hispanic/Latino Asian/Pacific Islander White Native American/Alaskan Native

Multiethnic (please specify) _____ Other (please specify) _____

Home Street Address _____ City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Website _____

Employer's Name _____ Position _____

Work Street Address _____ City _____ State _____ Zipcode _____

Alternate Contact Name _____ Relationship _____ Phone _____

How did you find out about Marwen? Friend Parent Relative Teacher Presentation by someone from Marwen Other _____

Do you take out-of-school art courses anywhere other than Marwen? Yes No If yes, where? _____

STATEMENT OF ELIGIBILITY – Registration cannot be processed unless this section is **initialed and signed by the student's parent or guardian**. For admission into Marwen's programs, the student must meet **ALL** of the following criteria. As the parent or guardian of the student named on the front of this registration form, place your initials in the box to the left of each criterion to confirm your understanding and agreement. If you have questions or concerns regarding any of the criteria please contact Marwen.

My son/daughter/charge, named above, wishes to apply for admission to Marwen and I, the undersigned, attest that they are eligible and qualify for Marwen's programs because he/she:

- lives within the city limits of Chicago
- is a student in grades 6-12
- is under-served, that is, our family cannot afford to pay for art courses elsewhere
- is capable of independently making art for a duration of up to 3 hours
- is self-electing to attend Marwen courses and actively participate in course activities

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

CONSENT AND RELEASE AGREEMENT

I consent to interview(s), and photography, videotaping of myself or depicting my artwork and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles, telecasts, press releases, or education, advertising, research, inclusion on the Marwen website, fundraising, or any other purpose by Marwen and/or its affiliates. I release Marwen, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, sound recordings or any other media representation. I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose of sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, film, or any other media representation taken by Marwen or the person or entity designated by it. I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

Student Signature

Date

As the parent and/or legal guardian of the student identified above, I approve of the terms set forth in this agreement.

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Email

REGISTRATION

You may take up to **two courses** per term and unlimited workshops. Courses fill quickly so please list an alternate choice at the bottom in case your first choice is full. Courses are subject to availability. **Please do not register for courses and workshops that occur at the same time.**

Course Name (first choices)	Day of the Week	Workshops	Day of the Week
#1: _____		#1: _____	
#2: _____		#2: _____	
		#3: _____	
Alternate Choice (Please sign me up for this if my first choice is full)	Day of the Week	Workshop Alternates	Day of the Week
ALT#1		ALT#1	
ALT #2		ALT #2	
		ALT #3	

SPECIAL NEEDS AND CONSIDERATIONS

What special needs or considerations should Marwen staff know about this student prior to enrollment?

For Office Use Only

Place Labels Here