



CLASS PLACEMENT FORM 2017-2018

STUDENT: Please submit this form to the instructor prior to class and bring the completed form with you to the Registration Office to complete your class registration.

INSTRUCTOR: Please return this completed form to the student after class.

Placement classes offer students the opportunity to test a class and determine the correct level at which they should begin. Placement classes are available the first three weeks of each semester, and the student must meet age and proficiency requirements for admittance. COCA requires Intermediate through Advanced level dance students to attend the annual Dance Placement Day prior to the start of the Fall semester.

After the placement class, the instructor will provide feedback and a recommendation for course registration. Instructor recommendation for a class does not guarantee enrollment in that class. A completed registration form and payment must be submitted for enrollment.

Enrollment is subject to availability.

STUDENT INFORMATION

NAME		MAIN CONTACT <small>PARENT/GUARDIAN IF UNDER 18.</small>		
DATE OF BIRTH	Fall '17 GRADE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EMAIL ADDRESS <small>REQUIRED. RECEIPTS SENT VIA EMAIL.</small>	
HOME TELEPHONE <small>PLEASE INCLUDE AREA CODE.</small> () ()	WORK () ()	CELL () ()	CELL PHONE PROVIDER	
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME OF STUDENT'S SCHOOL		PARENT'S EMPLOYER		

EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT
HOME TELEPHONE <small>PLEASE INCLUDE AREA CODE.</small> () ()	CELL () ()

CLASS INFORMATION

CLASS NAME: _____

CLASS CODE: _____ CLASS DATE & TIME: _____

Release/Waiver: I agree to indemnify and hold COCA and its employees harmless from and against any and all claims for personal injuries or damages of any kind arising from participation in COCA's program(s). Further, I authorize COCA faculty and staff to seek emergency medical help for me or my child if necessary.

IMAGE CONSENT: I AGREE THAT COCA MAY USE THE ABOVE NAMED STUDENT'S IMAGE IN THE ROUTINE PROMOTION OF ITS CLASSES AND ACTIVITIES AND FOR OTHER NON-COMMERCIAL APPLICATIONS.

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STUDENT SIGNATURE: _____ **Date:** _____
(Parent/Guardian signature for students ages 17 & Under)

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Office Use Only:
Date Received: _____ Received By: _____ Date Processed: _____ Processed By: _____

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INSTRUCTOR USE ONLY

INSTRUCTOR NAME: _____

RECOMMENDATIONS/NOTES: _____

INSTRUCTOR SIGNATURE: _____ **Date:** _____