

ALHAMBRA EDUCATIONAL FOUNDATION
Fall 2010 Gifted and Talented Education Program

Registration Form

Student's Last Name _____ First Name _____ Middle _____

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____ M F

Parent/Guardian Name _____ Cell Phone _____

Father's Work Number _____ Mother's Work Number _____

Emergency Contact _____ Emergency Phone _____

Address _____ Relationship _____

School Attending _____ Grade _____

CREDIT CARD INFORMATION: Visa _____ MasterCard _____ American Express _____

Card Number _____ Name on Card _____

Expiration Date _____ Signature of Card Holder _____

OFFICE USE ONLY

Tuition Total \$ _____

Cash _____
Receipt Number

Check/MO _____
Number

Mail to:

Alhambra Educational Foundation Office
1515 West Mission Road, Alhambra, CA 91803

Tel: 626-943-3080 FAX 626-943-8039
www.alhambraeducationalfoundation.org