

WWW Registration Form

Name of Student: _____

Age: _____ Grade: _____ Sex: M F

Nationality: _____ Passport Number: _____

Date of Issue: _____ Date of Expiration: _____

Place of Issue: _____ Diplomatic: Y N

Name of Parent/Guardian: _____

Address: _____

Telephone of Parent/Guardians: _____

(Mother / Father)

Home: _____ Office: _____ Mobile: _____

Circle One

Emergency Contact – Name: _____

Telephone: Home: _____ Mobile: _____

Note:

Registration for Out-of-Cairo courses **must** include a photocopy of valid passport page(s) with details including passport number, issue and expiration dates, and place of issue.

State below the Week Without Walls courses you and your parent/guardian believe will be most appropriate for you:

First Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Second Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Third Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Fourth Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Fifth Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Sixth Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Seventh Choice:

Course Name: _____ Course No. _____ Parent Initials _____

Eighth Choice:

Course Name: _____ Course Nov. _____ Parent Initials _____

Ninth Choice:

I allow my son/daughter to register for any course his/her choosing: Parent Initials _____



WWW Registration Form Cont'd

Method of Payment (Deadline for payment is January.9th 2010):

Parent

Company

Please note that due to airfare fluctuations, an approximate increase of 10% might be encountered for courses out of Egypt.

Insurance:

I will enroll in the optional Travel Interruption/Fee Insurance program for an additional \$25 (please circle one of the below).

Yes

No

Students, please read the following statement and sign below to indicate your agreement:

Since Week Without Walls is a curricular activity of the high school, I agree to abide by all school rules and regulations. I am aware that I bear full responsibility for my actions and the consequences thereof. I also understand that my course choices are binding.

Student Signature

Date

Parent/Guardian, please read the following statement, and sign on the space below to indicate your agreement:

Although each WWW course will be closely supervised by a faculty chaperone or other responsible adult, I understand occasions will arise when my child will not be in the immediate company of a CAC employee. I will not hold Cairo American College, the course chaperone or any designated supervisor responsible for any injury, accident, or damaging incident that may befall my child. I also accept full and complete responsibility for any debts that he/she may incur and I agree to pay, upon demand, any transportation costs that may accrue if he or she must be returned to Cairo as a result of disciplinary action or of illness not covered by insurance.

I approve my child's WWW course selections as stated and fully support his/her participation in any of these selected courses. **I understand that our course selections are binding. I also accept the financial obligation associated with the course awarded on the day of registration, and I understand that after November 9th, 2009 I am financially committed to pay for the course as indicated above, whether or not my child actually attends.**

Parent/Guardian Signature

Date

