



Date: _____

COLLEGE DAY APPLICATION

**Read instructions carefully before completing application. Incomplete applications will not be processed.
Please write legibly.**

1. Name (Last, First, Middle)		2. Gender M F	3. Date of Birth (mm/dd/yyyy)
4. Place of Birth	5. Ethnicity	6. Telephone Number () -	
7. Mailing Address (Include: City, State, Zip Code)			
8. E-mail Address		9. School	10. Grad Date (mm/yyyy)
11. Interested Major		12. Interested College/University	13. Will you be a first generation college student? Yes / No

Would you like to receive e-mails from SEAT regarding meeting dates, events, or volunteering opportunities?

Yes

No

How did you hear about this event? (check all that apply)

Friend

Counselor

Flyer

Email

SEAT Representative

Other (please specify): _____

What do you expect to experience at this event?

Is there anything in particular you would like to learn about?

Send To:

Southeast Asian Teachers' Association
5280 N. Jackson Ave. M/S SU36
Fresno, CA 93740-8023

- OR -

Email To:

seatassociation@gmail.com


SEAT USE ONLY:

Date of Receipt:

Processed By:

CSU-FRESNO COLLEGE DAY PERMISSION SLIP

South East Asian Teacher's Association (SEAT) is hosting a college day event on October 26, 2013. The event will help give high school students an insightful look into what it is like to be a college student. Lunch will be provided to all students participating. Students are expected to check-in between 8:30a.m to 9:00a.m. The event will start at 9:00a.m and end at 3:00p.m. Please fill the following slip below and detach it. Students must return the detached slip below no later than October 18, 2013.

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I _____, the parent/guardian of _____ give my permission to allow my child to attend the College Day event hosted by SEAT, which will take place on October 26, 2013. If your child is in need of immediate medical attention, he/she will be taken to the nearest hospital or trauma center for assistance. All medical fees will be the parents' responsibilities. We request your permission to sign any medical forms necessary to certify that your child will receive treatment as quickly as possible. Every effort will be made to get in contact with you if your child is in an emergency. Please sign below granting us permission to take action if your child is in need of immediate medical attention.

Parent Signature _____ Date _____

Emergency Contact Information

Name: _____ Contact Number : _____

Name: _____ Contact Number : _____

Name: _____ Contact Number : _____

Medical Information

If your child is on any medication or has any kind of allergic reaction, please describe below reasons for the medication and what are they allergic to.
