

Concord University Students of Excellence Summer Academy

**Student
Registration Form**

Print legibly

Student's

Name: _____

Address: _____

Phone: _____

Gender: Male Female

(Please circle one)

High

School: _____

Academy Branch: *Business *Medical *Education *Media

(Please circle one)

T- Shirt Size: *S *M *L *XL *XXL *XXXL

(Please circle one)

Students driving to the Academy must list the make, model, year, and license plate number of the vehicle and understand they cannot use the vehicle except to arrive and leave the Academy. The student also agrees not to access any vehicles during the Concord University Students of Excellence Summer Academy unless given specific permission by Academy authorities.

Make of vehicle: _____

**Color of
vehicle** _____

Model of vehicle: _____

Year of vehicle: _____ **License Plate number of vehicle** _____

Student's

signature/date _____

Return to:

Andrea L. Tabor, Associate Director of Admissions, Concord University, PO Box 1000, Campus
Box D-127Athens, WV 24712