



2009/2010 SHOP RAT EDUCATION PROGRAM CLASS REGISTRATION FORM

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

SEE SCHEDULE FOR CLASS TIME/DATE DETAILS

What semester would you like to register for?	1 st Semester (October 5 th – February 4 th) 2 nd Semester (February 15 th – May 27 th) Either Semester works for me
What class (night) would you like to register for?	Monday (Classic Turning-Jackson) Tuesday (Classic Turning-Jackson) Wednesday (Classic Turning-Jackson) Thursday (Peak Manufacturing- Pleasant Lake) Any class works for me as long as it is in Jackson
What is your second choice in case your first choice is full? (class/night)	Monday (Classic Turning-Jackson) Tuesday (Classic Turning-Jackson) Wednesday (Classic Turning-Jackson) Thursday (Peak Manufacturing- Pleasant Lake) I can only attend classes from my first choice.
Do you need to be placed in the same class as another student?	Yes Who? _____ No

We are moving to an e-mail/website communication method for messages to parents rather than mailing out letters. We will e-mail all communication to your email and post all messages on our parent/student section of our website. We will only call if classes are unexpectedly canceled or in an emergency.

Please check the preferred communication method for class announcements. We highly encourage e-mail/website as the costs and preparation time are much lower than mailings.	Email/website _____ @ _____ . _____
	Mail
	Street Address: _____ City: _____ State: _____ Zip: _____

Other notes that would assist the Shop Rat Foundation in scheduling the student in our programs:

Please mail completed form to: Shop Rat Foundation 11855 Bunkerhill Road Pleasant Lake MI 49272 or fax to 517-769-6902 or scan and e-mail to shoprat@gmail.com. For questions call 517-769-2100 or 517-851-2184.