

# RRISD COMMUNITY EDUCATION REGISTRATION FORM

## MAIL TO:

RRISD Community Education Office  
12515 Mellow Meadow Drive #14  
Austin, TX 78750  
FAX: (512) 464-4091 TEL: (512) 464-4112

[www.roundrockisd.org/communityed](http://www.roundrockisd.org/communityed)

**DO NOT SEND FORM BACK TO YOUR CHILD'S SCHOOL!**

### OFFICE USE:

Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Type: \_\_\_\_\_ By: \_\_\_\_\_

Participant's Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

COURSE #	COURSE TITLE	DATES	DAYS	TIME	LOCATION	FEE

<b>MAKE CHECKS PAYABLE TO: ROUND ROCK ISD (RRISD)</b> <b>DO NOT SEND FORM BACK TO YOUR CHILD'S SCHOOL</b> <b>NO confirmation or reminder cards/calls will be given.</b> <b>Please call the Community Education office to confirm.</b>	<b>TOTAL FEE</b>	
--	------------------	--

CHECK ENCLOSED – Driver's License # \_\_\_\_\_ State \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ Last 3 digits from the back of credit card \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Name Exactly as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**REFUND POLICY:** Refunds will be made only if there is insufficient enrollment in a particular class. Other refunds will not be made due to the low course charges and the expense of programming. Refunds may take at least four weeks to process. A credit memo of 75% of the class fee will be given for a future class if a student withdraws at least one week before the class. No credit will be given if student withdraws two-business days prior to the start of the class or less. Requests must be made in writing, either by mail or fax. Credit memo may take up to 4 weeks.

**WAIVER OF CLAIMS:** "I hereby waive any claim I might have against the Round Rock Independent School District, or any of its agents, which might arise from any injury or other damage I might incur while on the property of Round Rock Independent School District or while participating in any activity sponsored by the Round Rock Independent School District. I have read and acknowledge the refund policy."

Date \_\_\_\_\_ Signature \_\_\_\_\_

## EMERGENCY INFORMATION FORM

(Must be sent in for children ages 18 and younger only)

Medical Conditions?

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade Level as of 4/1/2008? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone/Cell Phone \_\_\_\_\_

**If your child should become ill or accidentally injured during a Community Education class and the Community Education office is unable to reach a family member, the office will call the person(s) you name below:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**If a friend or family member cannot be reached, the Community Education office will contact the physician you indicate below:**

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

**ASSURANCE:** If the Community Education office is unable to reach a family member, friend, or the physician indicated above and my child is

**in need of emergency medical treatment, I hereby authorize the Community Education staff to obtain emergency medical treatment and the emergency physician to administer medical treatment to my child. I have read Registration / Refund information.**

---

**Signature of Parent or Guardian**

---

**Date**