



CLASS PLACEMENT FORM

STUDENT: Please submit this form to the instructor prior to class.

NOTE: This is **NOT** a registration form. To register for a class, fill out a registration form and turn it in to the Registration Office.

Placement classes offer students the opportunity to test a class and determine the correct level at which they should begin. Placement classes are available the first three weeks of each semester, and the student must meet age and proficiency requirements for admittance. COCA requires Intermediate through Advanced level dance students to attend the annual Dance Placement Day prior to the start of the Fall semester.

After the placement class, the instructor will provide feedback and a recommendation for course registration. Instructor recommendation for a class does not guarantee enrollment in that class. A completed registration form and payment must be submitted for enrollment separately.

Enrollment is subject to availability.

STUDENT INFORMATION

| | | | | |
|--|-----------------|---|---|--|
| NAME | | | MAIN CONTACT <small>PARENT/GUARDIAN IF UNDER 18.</small> | |
| DATE OF BIRTH | FALL GRADE | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | EMAIL ADDRESS <small>REQUIRED. RECEIPTS SENT VIA EMAIL.</small> | |
| HOME TELEPHONE <small>PLEASE INCLUDE AREA CODE.</small> () () | WORK () () | CELL () () | CELL PHONE PROVIDER | |
| HOME ADDRESS | CITY | STATE | ZIP CODE | |
| NAME OF STUDENT'S SCHOOL | | | PARENT'S EMPLOYER | |

| | |
|--|--------------------------------|
| EMERGENCY CONTACT NAME | RELATIONSHIP TO STUDENT |
| HOME TELEPHONE <small>PLEASE INCLUDE AREA CODE.</small> () () | CELL () () |

CLASS INFORMATION

CLASS NAME: _____

CLASS CODE: _____ CLASS DATE & TIME: _____

Release/Waiver: I agree to indemnify and hold COCA and its employees harmless from and against any and all claims for personal injuries or damages of any kind arising from participation in COCA's program(s). Further, I authorize COCA faculty and staff to seek emergency medical help for me or my child if necessary.

IMAGE CONSENT: I AGREE THAT COCA MAY USE THE ABOVE NAMED STUDENT'S IMAGE IN THE ROUTINE PROMOTION OF ITS CLASSES AND ACTIVITIES AND FOR OTHER NON-COMMERCIAL APPLICATIONS.



STUDENT SIGNATURE: _____ **Date:** _____
(Parent/Guardian signature for students ages 17 & Under)



Office Use Only:
Date Received: _____ Received By: _____ Date Processed: _____ Processed By: _____



INSTRUCTOR USE ONLY

INSTRUCTOR NAME: _____

RECOMMENDATIONS/NOTES: _____

INSTRUCTOR SIGNATURE: _____ **Date:** _____