



**KING'S
COLLEGE**
TRANSFORMATION. COMMUNITY. HOLY CROSS.

Young Scholar Program
Registration Form

Name: _____

Address: _____

City: _____ Phone number: _____

State: _____ Email: _____

Zip: _____ Date of Birth: _____

SS# _____ Gender: Male ___ Female ___

High School: _____ Graduation Year: _____

Guidance Counselor: _____

Check the Semester and enter the year for which you wish to take classes:

_____ Fall _____ Spring _____ Summer _____ Year

Please list the courses you wish to take this semester as well as alternate courses. In the event that we cannot register you for your first choice, we will try to register you for your alternate choices. Thank you.

Section	Title	Credits	Days
1. _____	_____	_____	_____

2 _____	_____	_____	_____
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Alternate Courses

Section	Title	Credits	Days
1. _____	_____	_____	_____

2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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_____	_____	_____	_____
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