

STUDENT REGISTRATION
National Portfolio Day 2018

(Date)

Name _____
Last First Middle Initial (required)

Address _____
Number, Street and Apartment

City/Town State/Province Zip/Postal Code

Telephone: () _____ Email: _____

CURRENT HIGH SCHOOL or COLLEGE: _____

High School Art Teacher: (if currently in high school) _____

YEAR OF HIGH SCHOOL GRADUATION: _____ YEAR IN COLLEGE: _____

With me today is: My family _____ Art teacher _____ Friend _____

I received information on today's portfolio day from:
_____ Syracuse University _____ another school other than Syracuse _____ a friend _____ my art teacher

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