

INDIANA ASSOCIATION OF THE DEAF
AMERICAN SIGN LANGUAGE PROGRAM 2007-2008

Coordinator – Wanda Kirby

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Class Location:

Indiana School for the Deaf
1200 East 42nd Street
Indianapolis, IN 46205

Correspondence Address

Wanda Kirby, IAD ASL
4603 Common View Circle
Indianapolis, IN 46220

REGISTRATION FORM

Date _____

Name _____ Address _____

E-Mail _____ Phone _____

(E-mail is our preferred method of communication)

(I understand that I will be required to submit to a criminal background check as a condition for consideration for entering Indiana School for the Deaf grounds.)

Legal Name Signature: _____ **Date of Birth:** _____

Class Preference: Monday or Tuesday

Beginner _____ **Intermediated** _____ **Advanced** _____
(VGC, Unit 1-2) (Unit 3-4) (Unit 5-6)

ISD Parent? YES ___ NO ___ If Yes, student name _____ grade _____

Have you taken a course in American Sign Language? YES ___ NO ___

If Yes, where? _____

Level completed? _____ Instructor? _____

Reason for interest? _____

Tuition (includes 20 hours of instruction, two hours/week for ten weeks)

\$100.00 tuition (per person age 12 and up)

\$75.00 (one time material fee for Signing Naturally workbook and video covers Unit 1 - 6)

**We accept cash or check payable to IAD
No refund**