



STUDENT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ()	E-mail Address		
Male or Female	School	Grade	
Birth Date	Phone		
Ethnicity (completing the information below is used for internal statistical reporting to our Grantor)			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific		
<input type="checkbox"/> White	<input type="checkbox"/> Participants Multiracial		
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino		
PARENT/GUARDIAN INFORMATION			
Full Name		Relationship	
Street Address		Apartment/Unit #	
City	State	ZIP	
Day Phone ()	Evening Phone ()		
E-mail Address			
Full Name			
Street Address		Apartment/Unit #	
City	State	ZIP	
Day Phone ()	Evening Phone ()		
E-mail Address			