



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			