STUDENT APPLICATION FORM

COURSE NAME: _________________________________________________________________

STUDENT INFORMATION

SCHOOL NAME: _________________________________________________________________

LAST NAME: _________________________ FIRST NAME: _________________________ MIDDLE INITIAL: __________

ADDRESS: _____________________________________________________________________________________________________________

APT./BOX NO.: _________________________ CITY/STATE: _______________________________, ________ ZIP CODE: __________

TELEPHONE NUMBER: HOME (______) _________________ WORK (_____) __________________ CELL (______) _________________

E-MAIL _________________________________________________________________ DATE OF BIRTH: ________ / _______ / 19_______

GRADE IN SCHOOL: (9, 10, 11, or 12): _______ CLASS OF: _________ Cumulative G.P.A.: _______ SS No.: ______-_____-___________

PARENT/GUARDIAN PRIMARY CONTACT INFORMATION

LAST NAME: _________________________ FIRST NAME: _________________________ MIDDLE INITIAL: __________

ADDRESS: _____________________________________________________________________________________________________________

APT./BOX NO.: _________________________ CITY/STATE: _______________________________, ________ ZIP CODE: __________

TELEPHONE NUMBER: HOME (______) _________________ WORK (_____) __________________ CELL (______) _________________

E-MAIL: _________________________________________________________________

ALTERNATE CONTACT INFORMATION: NAME: ________________________________________ TELEPHONE: (______) _________________

E-MAIL: _________________________________________________________________ RELATIONSHIP TO STUDENT: _______________________________________

STUDENT VERIFICATION

I, ___________________________________________ have reviewed the course registration information and class schedule and agree to the

(Insert Name of Student - Please Print Name)

terms set forth in the course policy.

Signature of Student: __________________________________________ Date: __________________________

PARENT/GUARDIAN AUTHORIZATION

I have reviewed the course registration information, including the course schedule and policy, and authorize

(Insert Name of Student - Please Print Name)

to participate in the Education Access Network Course.

Signature of Parent/Guardian: __________________________________________ Date: __________________________