



Student Enrollment Form

Student Information

First Name _____ Last Name _____

Date of Birth _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

School _____

Email _____

Parent/Guardian Information (Required if under 18)

First Name _____ Last Name _____

Phone _____ Email _____

Same mailing address above

If different mailing address, please fill out the below:

Mailing Address _____

City _____ State _____ Zip Code _____

School _____

Email _____

How do you prefer to receive communication? Please mark all that apply.

Phone Call Text Email

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Consent/Authorization for Photography, Videotaping, Other Imaging, Audio Recording for Marketing or Media Purposes.

I hereby give my consent to have photographs, videotaped images, other images, or audio recording made of myself for organizational marketing or publicity purposes.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____