



Homeschool/Sports Enrollment Packet

Student Information

1	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2020	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
2	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2020	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
3	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2020	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
4	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2020	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		

DB: _____
 CEA: _____
 QB: _____

Parent/Guardian Information

FATHER/Guardian Name*		Email:	Cell Phone
Father's Home Address (if different from Student)		Home Phone	
Father's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological father, please explain the relationship with Student:			Text? Yes No
MOTHER/Guardian Name*		Email:	Cell Phone
Mother's Home Address (if different from Student)		Home Phone	
Mother's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological mother, please explain the relationship to the Student:			Text? Yes No

Emergency Contacts/Pick-Up List

Please add additional individuals below that are authorized to pick up your child(ren) and may be contacted in an emergency. *(In the case of an emergency, we will attempt to contact the parent/guardian first.)*

1	Name				Relationship
	Street Address	City	State	Zip	Phone
2	Name				Relationship
	Street Address	City	State	Zip	Phone
3	Name				Relationship
	Street Address	City	State	Zip	Phone

