



Homeschool/Sports Enrollment Packet

Student Information

| | | | | | | | | |
|----------|---------------|-------------------------|-------------|-------------------------------|---------------------------------|----------------------|------------------|--|
| 1 | First Name | | Middle Name | | Last Name | | Goes by/Nickname | |
| | Date of Birth | Age as of Sept. 1, 2018 | 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, 2018 | 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, 2018 | 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, 2018 | 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 and/or 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 |

