



XLR8 STEM ACADEMY REGISTRATION FORM

(Please Print)

Today's date:			CVCC ID:		
STUDENT INFORMATION					
Student Last name:		First:	Middle:	Student preferred name:	
Ethnicity (Choose One) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race <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 Other Pacific islander <input type="checkbox"/> White <input type="checkbox"/> Other		Birth date:	Age:
				/ /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:		Home phone no.:
					()
P.O. Box:		City:		State:	ZIP Code:
Student Cell Phone:		Student Email:			
()					
PARENT/GUARDIAN INFORMATION					
Parent/Guardian Last Name:		First:		Middle:	
				Relationship to student:	
Street Address:			Home phone no.:		Cell Phone:
			()		()
P.O. Box:		City:		State:	ZIP Code:
Parent/Guardian Email:					
Employer:		Address:		City:	State: Work phone no.:
					()
Parent/Guardian Last name:		First:		Middle:	
				Relationship to student:	
Street Address:			Home Phone no:		Cell Phone no:
			()		()
P.O. Box:		City:		State:	ZIP Code:
Parent/Guardian Email:					
Employer :		Address:		City:	State: Work Phone No:
					()
BASE SCHOOL INFORMATION					
School Counselor Name:			Base School:		School Division: Counselor phone no.:
					()
The above information is true to the best of my knowledge.					
_____ <i>Parent/Guardian signature</i>				_____ <i>Date</i>	