

## Online Registration Form

### Student Data

Please review and correct the student information below.

First Name:	Middle Name:	Last Name:
Mailing Address:		
Student Number:	Grade Level:	Birth Date:
Gender:	Race (Please check all applicable)	
	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

### Contact Data

Contact Relationship: <b>Mother</b>	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:	Email Address:	

Please review and correct the contact information below.