



Enrollment Form

Student Name (Applicant):		
Last: _____		
First: _____		
Middle Initial: _____		
Birthdate: Month _____ Date _____ Year _____		
Sex: Male _____ Female _____		
Are you currently enrolled in high school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of the High school attended/ attending: _____		
Parent/Guardian Name:		
Last: _____		
First: _____		
Middle Initial: _____		
Mailing Address (Street, City, State, Postal Code):		
Resident Address (if different than Mailing Address):		
Email Address:		
Phone Number:		
Other Phone Number:		
	Subject / Course Code	
1.	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
2.	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
5.	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _

Received a copy of uStudy Policies (initials)

I certify that all of the information submitted on this application is true and accurate

X _____
Signature of Parent/Guardian

Date