



## Enrollment Form

Student Name (Applicant):

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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:

Expected Grade Level at Time of Enrollment :

	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/Emancipated

\_\_\_\_\_  
Date