# Art Literacy Academy

## Enrollment Form

### STUDENT INFORMATION

Full Name _____

Date of Birth ____ /____ /____

Gender ○ Male ○ Female

Home Address _____

City _____ Zip Code _____

Phone Number _____ _____

### CONTACT INFORMATION

Parent/Guardian _____

Email _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

### MEDICAL INFORMATION

○ Yes ○ No

Are there any medical issues we should know about your child?

_____

_____

Parent Signature

Date

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