



# ENROLLMENT APPLICATION



Passport Picture (2)  
Attach here for our files

## ID Info Needed

Date: \_\_\_\_\_

Birth Name: (print) \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preferred Name to appear  
Under Passport Picture on ID:

Telephone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Criminal Background: \_\_\_\_\_

Covid 19 Vaccine Status: \_\_\_\_\_