



7320 N. Palmyra Road, Canfield, Ohio 44406  
(330) 533.8755 ext. 1181 Fax (330) 533.8777

## 22+ Program Enrollment Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth (city /state) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Ethnicity: Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Non-Hispanic \_\_\_ Multi-racial \_\_\_ White \_\_\_ Am. Indian \_\_\_ Other \_\_\_

### School History

Last School Attended \_\_\_\_\_

Address of School \_\_\_\_\_

Date Last Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

Resident School District \_\_\_\_\_

**IEP / ETR: Complete only if you were previously identified as a student with a disability and were provided special education services based on an IEP by a previous school district.**

Identified Disability (as listed on IEP) \_\_\_\_\_

Date of most recent IEP \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Documents Required with this Application**

- Birth Certificate
- Driver's License / State Issued I.D.
- 2 Proof of Residency (ex: utility bill showing name, address and current date)