ADULT PERSONAL INFORMATION

Name Adult #1: _____

Address: _____

Cellular: _____

Email Address: _____

Birth Date: _____ Gender: _____

Name Adult #2: _____

Address: _____

Cellular: _____

Email Address: _____

Birth Date: _____ Gender: _____

Membership: Please check which applies:

- Alumni (membership to be issued to alumni individual) – Class of _____
  Graduated from (circle): Lincolnview, Hoaglin-Jackson, Middle Point, Ridge, Van-Del, York
- Own Land/Housing in District (include address / property description if different from above):
  _____
- Children who are currently Open Enrolled in District (child/children name:)
  _____
- Live in District

_____ _____

Signature Date

Emergency Contact:

Name: _____

Relation: _____

Cell Phone: _____

FOR OFFICE USE ONLY: Key fob # _____ Key fob # _____