

# Enrollment Form

**Student First Name**

**Student Last Name**

**Grade**

**Date Of Birth**

**School Name**

**School Phone**

**Fathers Name**

**Fathers Email**

**Father cell phone number**

**Mothers Name**

**Mothers Email**

**Mothers cell phone number**

**Home Street Address**

**City**

**Zip Code**

Please select one  One-way Trip  Two-way trip

If your child is allergic to any kind of food, please mention it below  Yes  No