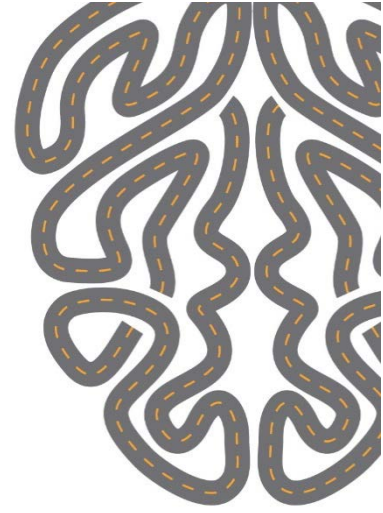


MINDDRIVE



2017-2018 Commitment Application New Student

GENERAL INFORMATION

Last Name		First Name		Middle Initial
Date of Birth (Month/Day/Year)		Age	Gender	Grade
Address (Street)				
City			State	Zip code
Email address (Student)		@	()	-
Phone (Student)				
School				

PARENT/GUARDIAN INFORMATION

Last Name		First Name		
Email address (Parent/Guardian)		@	()	-
Phone (Parent/Guardian)				

EMERGENCY CONTACT (if different from Parent/Gaurdian)

Contact Person Name (First, Last)		Relationship to you		
Address: Street		City	State	Zip Code
Phone: () -				

DEMOGRAPHIC INFORMATION

*This information is not used to determine eligibility in any way. It is used for tracking and program reporting.

Which of the following best represents your ethnic heritage?

Black, Afro-Caribbean, or African American_____

Latino or Hispanic American_____

Middle Eastern or Arab American_____

East Asian or Asian American_____

South Asian or Indian American_____

White or Euro-American_____

Native American or Alaskan Native_____

Other_____

Is the applicant eligible for free and reduced lunch? Yes_____ No_____ Not sure_____

Does the applicant have and Individual Education Plan (IEP)? Yes_____ No_____ Not sure_____

How will applicant get to and from MINDDRIVE?

HEALTH INFORMATION

*MINDDRIVE uses this information to better serve you. The more we know about you the better we accommodate you and help you achieve your goals.

Do you require any special accommodations for reading, testing, classroom work, or physical work?

Yes___ No_____

If yes, please describe

Please list any Allergies or Dietary Restrictions

Health Insurance Provider

Policy Number

COURSE SELECTION

*Refer to attached COURSE SCHEDULE 2017-18 for course information and indicate below which course/s you are interested in applying for (write-in the corresponding course ID number *i.e.* MDS710):

ID NUMBER—(LIST ID OF ALL COURSES APPLYING FOR)

SIGNATURE

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my admission or dismiss me after enrollment. I agree to allow the university to send information on the status of my application to my high school.

Signature of Applicant

Printed Name

Date

Signature of Parent/Guardian

Printed Name

Date