



Personal Information:

Name of student: _____

DOB: _____ Gender: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email address: _____

Current School Information:

Name of School/Program: _____

Current Grade Level: _____

Is your child an athlete? _____ If yes, are they registered with the NCAA: _____

Sport: _____ NCAA Number: _____

In case of emergency, please contact:

Name of Parent/Legal Guardian: _____

Relationship to student: _____

Mobile number: _____

Address: _____

Interest:

Full Day Courses Half Day Courses Evening BJC Evening BGCSE

BGCSE Subjects: _____

BJC Subjects: _____

Parent/Legal Guardian's
signature

Date Signed