



## Future Freshmen Academy Registration Form Summer 2024

### Student Information:

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last school attended: \_\_\_\_\_

### Parent Information and Emergency Contact Information:

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I affirm that the above information is true and correct to the best of my knowledge.

Signed (Parent): \_\_\_\_\_ Date: \_\_\_\_\_

### Student Schedule: (Please select sessions to attend)

**Session 1 (Monday-Thursday, June 3<sup>rd</sup> – June 27<sup>nd</sup> from 8:00a-11:00a)**

\_\_\_\_ Pre-Algebra

**Session 2 (Monday-Thursday, July 8<sup>th</sup> - July 25<sup>th</sup> from 8:00a-11:00a)**

\_\_\_\_ Reading Comprehension