

Student Enrolment Form PDF

Student Information

- Student's Name: _____
- Birthdate: _____
- Current School: _____
- Proposed Start Date: _____

Contact Details

- Home Address: _____
- Email: _____
- Phone Number: _____

Academic Information

- Intended Major: _____
- Previous GPA: _____

Course Preferences

- Preferred Courses:
 1. _____
 2. _____
 3. _____

Health and Safety

- Allergies (if any): _____
- Known Health Conditions: _____

Consents

- I consent to the school's policies and procedures
- I do not consent

Student Signature

- Signature: _____
- Date: _____