

**MICCOSUKEE YOUTH EDUCATION FOUNDATION, INC.
ACADEMIC ACHIEVEMENT PROGRAM
MICCOSUKEE, FLORIDA**

REGISTRATION FORM: FALL 2018 - SPRING 2019

Student's Name _____
Last Name First Name M.I.

_____ Mailing Address City State Zip Code

Male Female _____ Female Headed Household
Sex/Gender Date of Birth Age Yes No

_____ Parent's Name(s) Home Phone Cell Number

_____ School Attending, August, 2018 County

Grade beginning August, 2018 _____ Repeated grade(s) Yes No

If Yes, list grade(s) repeated _____

List Medical Conditions/Allergies, (If any) _____

Health Insurance Provider _____ Policy No. _____

Physician's Name _____ Phone No. _____

Emergency Contact Name _____ Phone No. _____

Ethnic Background (Please check one) Asian or Pacific Islander Black (Not of Hispanic Origin) Hispanic White (Not of Hispanic Origin) Multi/Bi-Racial
 Native American Other

Copy of 2017-18 Report Card Yes No (Please attach)

Copy of FSA scores for year ending 2017-18 Yes No (Please attach)

Participate in Free and/or Reduced Lunch Program Yes No (Please check)

Email address: _____

Parent/Guardian Signature _____ Date _____

Please indicate when Registration Fee of \$50.00 will be paid. _____

Date