



2018-2019 STUDENT ENROLLMENT FORM AND/OR UPDATE



STUDENT'S NAME: _____

SCHOOL MAILING ADDRESS: _____

E-MAIL: _____

PHONE NUMBER: _____

COLLEGE: _____ **CLASS:** _____
(FRESHMAN, ETC.)

MAJOR: _____ **GRAD DATE:** _____
(MO/YR)

BIRTHDAY: _____ **AGE:** _____

HOBBIES/INTERESTS/COLLECTIONS: _____

FRATERNITY/SORORITY: _____

FAVORITES: COLORS/MUSIC/FOODS/SNACKS: _____

STORE GIFT CARDS I LIKE: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **E-MAIL:** _____

E-MAIL, TEXT, OR SCAN FORM & RECENT PHOTO OF STUDENT TO:
DIANE WADE, dvwade3@gmail.com or Cell: 512.940.5898