Return from to: Contact@EmpowermentAcademy.net
EMPOWERMENT ACADEMY

SUMMER ENRICHMENT APPLICATION

STUDENT INFORMATION		
Student Name:		
Date of birth:	SSN (last 4):	Phone:
Current address:		
City:	State:	ZIP Code:
Favorite Snack:		Phone:
ACADEMIC INFORMATION		
Current School:		
School address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Grade:	Teacher:	
EXTRACURRICULAR ACTIVITIES		
Name of Activities:		
Favorite activity:		Favorite color?
Contact Person:	Contact Phone:	Contact Email:
Favorite Activities?		
PARENT INFORMATION		
Name(s):		
Phone 1:	Phone 2:	
Email:		
PARENT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
REFERENCES		
Name	Email	Phone
EMERGENY CONTACTS		
Name	Phone:	
Name	Phone:	
SIGNATURES		
I verify that all of the information provided on this form is correct and complete. I also acknowledge and understand that an application and assessment does not guarantee admission into any Empowerment Academy program.		
Signature of Parent:		Date:
Signature of Parent:		Date: