



To be completed by PACES Administrator

Enrollment Fee Payment (\$50) Check Cash Draft

Date Received by PACES _____ Start Date _____

PACES-Revolution Enrollment Application

STUDENT INFORMATION

NAME				
_____	_____	_____	_____	_____
(First)	(Last)	(Age)	(Gender)	Birthday (MM/DD/YYYY)
GRADE K 1 2 3 4 5 6	_____			
(Circle one)	Teacher			

BROTHERS AND SISTERS IN PACES

First Name	Last Name	Grade	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS/GUARDIANS

Call this parent/guardian FIRST

(First)	(Last)		
_____	_____		
Relationship to Student	Driver's License Number		
_____	_____		
Street Address	City	State	Zip Code

Email Address			

Work Phone	Cell Phone	Home Phone	

Call this parent/guardian SECOND

(First)	(Last)		
_____	_____		
Relationship to Student	Driver's License Number		
_____	_____		
Street Address	City	State	Zip Code

Email Address			

Work Phone	Cell Phone	Home Phone	

The child may be released to the child's legal guardian(s) or to the following people:

NAME	RELATIONSHIP TO CHILD	PHONE #	OTHER PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____