



To be completed by PACES Administrator

Enrollment Fee Payment (\$40)  Check  Cash  Draft

Date Received by PACES \_\_\_\_\_ Start Date \_\_\_\_\_

# PACES 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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____