

HARDIN COMMUNITY SCHOOL

22 PLUS PROGRAM

400 Decatur Street

Kenton, OH 43326

419-673-3210 Fax-419-675-3408

ENROLLMENT FORM-All content on this form must be your legal registered information.

First: _____ Middle: _____ Last: _____

Maiden name _____ Last 4 digits of SS number _____

Address _____ City: _____ Zip _____

Age _____ DOB _____ Gender: M ___ F ___

Birthplace City _____ Ethnicity _____

Last School district of residence: _____ County: _____

Phone Number: _____

Email Address : _____

Participants signature: _____ Date: _____

*****Please provide the following documents for enrollment*****

Copy of Birth Certificate

Proof of Residence

Copy of Driver's license

Please provide your current work schedule