

100 BLACK MEN OF AKRON, INC. LEADERSHIP ACADEMY

NAME _____

BIRTH DATE _____ GRADE _____

SCHOOL _____

100 BLACK MEN OF AKRON, INC.
220 SOUTH BALCH STREET
AKRON, OH 44302
(330) 329-8042

(Please Print)

Student's Home Address _____

City _____ Zip Code _____

Mother/Guardian Name _____ Occupation _____

Mother's Address (if different than student's) _____

City _____ Zip Code _____

Father/Guardian Name _____ Occupation _____

Father's Address (if different than student's) _____

City _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Email Address _____

Emergency Contact _____ Daytime Telephone _____