



## PROOF OF ENROLLMENT FORM

Please Print Legibility

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ (No PO BOX, Street Only)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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OFFICE USE ONLY: Absences \_\_\_\_\_ Tardies: \_\_\_\_\_