

# Guardian Enrollment Form

## Guardian Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address:
  - Street: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State: \_\_\_\_\_
  - ZIP Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Dependent Information

- Dependent Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Relationship to Guardian: \_\_\_\_\_
- School/Institution Name (if applicable): \_\_\_\_\_

## Emergency Contact

- Contact Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Signature and Acknowledgment

I confirm that I am the legal guardian of the dependent listed above and agree to the terms of the enrollment.

Signature: \_\_\_\_\_

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