



# Scott City Learning Center

## Enrollment Form

### 2021-2022

Name: \_\_\_\_\_ (maiden) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Text: Yes No

Email Address: \_\_\_\_\_

Do You have a high school diploma: Yes No Country: \_\_\_\_\_

Date of Birth: / / Age: \_\_\_\_\_ Grade level: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Family Educational Rights and Privacy Act Informed Consent Form: *I give permission for Scott City Learning Center to release information about my attendance, grades, and progress to the following listed or checked agencies:*

\_\_\_\_\_ Probation officer or court services

\_\_\_\_\_ Social and rehabilitation services

\_\_\_\_\_ Kansas Department of Human Resources

\_\_\_\_\_ Military Recruiters

\_\_\_\_\_ Immediate family (over 18)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ None

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