



## REGISTRATION FORM

This form must be completed prior to enrollment and at least once a year thereafter. Please complete both sides and return to: Arts Academy, 818 N. Market St, Wilmington, DE 19801 or fax (302) 652-5346.

You are not required to provide personal information, but doing so will assist The Grand in tracking program participation and help obtain support from outside funders. Information will not be used to identify you as an individual, only to describe the student body as a whole.

### I. STUDENT INFORMATION

Name \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Race/Ethnicity:

<input type="checkbox"/> African American	<input type="checkbox"/> Latin American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____

### II. CONTACT/BILLING

(If student is under 18)  
Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

### III. EDUCATION BACKGROUND

Currently enrolled? (Y/N) \_\_\_\_\_ If yes, grade level/program \_\_\_\_\_  
If no, highest level of education completed \_\_\_\_\_

Name of school \_\_\_\_\_

School district \_\_\_\_\_

Type of school:

<input type="checkbox"/> Public	<input type="checkbox"/> Home School
<input type="checkbox"/> Charter	<input type="checkbox"/> Technical/Trade
<input type="checkbox"/> Private	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> Parochial/Faith-based	<input type="checkbox"/> Graduate
<input type="checkbox"/> Independent	

