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|-------------------------------|-----------------------|--|---------------------|
| _____ Last Name | _____ First Name | _____ Middle Name | _____ Student ID |
| _____ Address | | _____ City | _____ Zip |
| _____ Phone Number | _____ Birthdate | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| _____ Current School | _____ Grade | | |
| _____ Mother/Guardian Name | _____ Phone Number | _____ Email | |
| _____ Father/Guardian Name | _____ Phone Number | _____ Email | |

The Challenge Program Application for Admission
When completing the above information, **please print clearly and in pen.**
This will become the student's permanent file.