
LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID

The Challenge Program Application for Admission
(Please print legibly in pen. This will become the student's permanent file.)

ADDRESS

CITY

ZIP

PHONE NUMBER

PRESENT SCHOOL

PRESENT GRADE

BIRTHDATE (M/D/Y)

GENDER (MALE/FEMALE)

ETHNICITY: (PLEASE CIRCLE)

Native American
Asian American

Hispanic American
Caucasian

African American
Other: _____

MOTHER'S NAME

WORK PHONE

E-MAIL

FATHER'S NAME

WORK PHONE

E-MAIL

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____