**STUDENT APPLICATION**

STUDENT’S NAME:

 FIRST MIDDLE LAST

ADDRESS: .

 NUMBER STREET APT.

 .

CITY STATE ZIP

PHONE NUMBER:

EMAIL ADDRESS:

GENDER: AGE: DATE OF BIRTH:

SCHOOL: GRADE:

PARENTS / GUARDIANS’ NAMES:

PHONE NUMBER(S) (C)( ) (H) ( )

(C)( ) (H) ( )

EMAIL ADDRESS: Father: Mother:

Why would you like to join the Du Bois Society?