	Enrollment Application
Name of Student (first, middle, last)	
Current Grade Level Cu	rrent GPA Age of Student
Current School	
	Email
Ethnicity (circle one): Afr. American Asian American Caucasian	Latino Native American Pacific Islander Other
Gender: Male () Female () Foster Child: Yes () No()
Emergency Contact Name	Relation Phone
Name of Parent/Guardian	Relationship to Student_
Student Lives With (Circle One): Both Parents M	Mother Father Sister/Brother Grandparents Guardian Other
Health Plan: ()Yes No () If yes, Name of Plan/Pro	ovider
Does student have any medical conditions that may	affect his/her involvement in the summer program? Yes () No ()
List any Medication Sudent is Taken	
Students Academic Strengths	
Students Interest/Hobbies	
Briefly explain your career goals	
Describe student in one word	
What would student like to improve?	
Will parent/guardian be able to provide transportation	
· · · · · · · · · · · · · · · · · · ·	service, participation or any other resources to the program? Please
Student signature	Parent/Guardian signature
I give my consent for photographs, in which my boy/girl may appear to	be used in any way the Joshua Tree Foudation care to use them. I agree the Joshua Tree will not Tree Foundation premises or while engaged in any of its activities away from their premises.
OFFICE USE ONLY:	. ES , Production
Date application received	Date application accepted
Date application rejected Director signature	Reason