



**STUDENT REGISTRATION FORM
2020-2021**

PLEASE PRINT

Academic Year: _____

Class: Junior___ Senior___

High School Name and Address: _____

Student Name: _____

Student Address: _____

Telephone #: _____ email: _____

.....
The following information is required either by federal agencies or for identification purposes:

Social Security #: _____

Date of Birth: _____

Gender: Female Male

US Citizen: Yes No

Religion: _____

Ethnicity: African-American
Asian

Hispanic
Native American

Pacific Islander
White
More than one race

.....
Indicate below the Alvernia University courses for which the student is registering this academic year.

Alvernia University Course Number & Title _____

Alvernia University Course Number & Title _____

Alvernia University Course Number & Title _____

.....
Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

This form needs to be completed in full before you can be registered for the Dual Credit course(s).

Return registration form to School District for processing