Name: _____
Last First

Address: _____

City/State/Zip: _____

Phone: (____) _____

Email: _____

Date of Birth: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Parent(s) or Guardian Name:

_____

Address:

_____

Home Phone:

_____

Cell Phone:

_____

Emergency Contact:

_____

_____ _____
Student Signature Parent Signature

Gateway to College,

a collaboration between

For more information: call 513-932-5677 ext. 5210