DC WATER: WHAT'S ON TAP?
COMMUNITY SERVICE LEARNING PROJECT

ENROLLMENT FORM

FULL NAME: _______________________________________________________
(FIRST)   (MI)    (LAST)
ADDRESS: _________________________________________________________
CITY: _____________________________ STATE: _____ ZIP CODE: ________
WARD: ___
HOME #:_________________ E-MAIL ADDRESS: _________________________
AGE (AS OF JANUARY 1): ________  MALE:___  FEMALE: ___
RACE: BLACK: ___  WHITE: ___  NATIVE AMERICAN: ___  HISPANIC: ___
ASIAN: ___  OTHER: ___
(RACIAL INFORMATION IS VOLUNTARY AND IS BEING COLLECTED PURSUANT TO FEDERAL REGULATIONS.)
GRADE IN SCHOOL: ___  SCHOOL NAME: ____________________________
SCHOOL ADDRESS: ______________________________________________
CITY: __________________________ STATE: _____ ZIP CODE: __________
WARD: ___
PARENT/GUARDIAN NAME: _________________________________________
(FIRST)        (LAST)
CONTACT INFORMATION:
DAY #: _____________________________
EVENING #: _____________________________
PERSON TO CONTACT IN CASE OF EMERGENCY: ______________________
PHONE #: ____________________________
APPLICANT SIGNATURE: __________________________________
PARENT/GUARDIAN SIGNATURE: _______________________________

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