



Partnership for Appalachian Girls' Education

PAGE Enrollment Form

Name of Student: _____

Date of Birth: _____

Address: _____

Town/Community: _____ Zip Code: _____

School: _____ Grade: _____

Name of Parent/Legal Guardian: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact/Relationship: _____

Work Phone: _____ Home Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

.....
My child has permission to attend day and overnight field trips.

_____ Yes _____ No

I authorize PAGE to transport my child or authorize transportation for my child to a medical facility to be treated in the event of an emergency.

_____ Yes _____ No

By signing below, I grant permission for my child to be enrolled in the PAGE program. My signature confirms that the information provided is accurate.

Parent/Guardian Signature _____ Date _____

*Please drop these off at the main office of your school!
Thanks so much! We cannot wait for this summer!*