

JUNIOR ACADEMY REGISTRATION AND INFORMATION SHEET

Southeastern California Conference

School _____

Name _____ Sex: F M
Last First Middle

Address: _____ Phone _____
Street City Zip

Date of birth: _____ Place _____ Citizenship _____
Month Day Year

| SECONDARY SCHOOLS ATTENDED: | YEAR | GRADE |
|-----------------------------|------|-------|
| 1. | | |
| 2. | | |
| 3. | | |

Eighth grade completion:
School _____
Year _____

Signature of applicant _____

INSTRUCTIONS: When student enrolls, fill out completely. For drop voucher fill out name and date dropped only and signature of recording individual. Original to be mailed to conference office, copy retained by school.

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SCHOOL OFFICE USE ONLY

Above named student was accepted for admission to grade _____ on _____

Above named student was dropped on _____
Signature _____

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