

### Personal Information

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Last High School Attended: \_\_\_\_\_

Last Year Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Do You Have a High School Diploma?     Yes            No

Have You Taken the high school assessment?    Yes            No

### Alternate Contact Information

Alternate Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

I understand that participation in the ECCELL program is voluntary. I understand that administrative review and available space will determine my acceptance in the program. I agree to cooperate with the instructors and school if I am accepted for enrollment. I agree to the content of this form. I give my consent for communication between the below listed agency (if applies) and ECCELL staff for the purpose of enrollment and for educational purposes.

Student Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Staff Member' Name and Title: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

### For Office Use Only:

Burden           Oxford           Winfield  
Stother         Dexter           Cedar Vale