

Membership Enrollment Form



The 411 House
411 S. 32nd St. Temple TX
214-454-7448

CHILD'S INFORMATION

Name:

Phone:

Birthday:

Current address:

Current School:

Enrollment Date:

Grade:

Previous School:

Would you like us to support your son in school? YES ___ NO ___

If yes, how?

Would you like us to have access to his grades & behavior in order to provide rewards/homework help etc.?

YES ___ NO ___

Would you like us to communicate with teachers and administrators if needed?

YES ___ NO ___

GUARDIAN INFORMATION

Name:

Address (if different):

Phone:

Phone:

E-mail:

Spouse's Name:

Date of Birth:

Phone:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SIGNATURES

I verify that the information provided on this form is correct, and I would like to enroll my child in The 411 House program.

Signature of applicant:

Date:

Signature of guardian:

Date:



Parent Questions:

What are your son's 3 biggest strengths?

What are your son's 3 biggest needs?

What are his 3 biggest strengths in school?

What are his 3 main needs in school?

What does he enjoy doing most?

What are his dreams for himself?

What do you want him to gain from being involved with The 411 House?