

Student's Name	Last	First	Middle
Date of Birth	/ /	Gender	Male / Female
School		Grade	
Sibling's Name (if enrolling)	Last	First	Middle
Date of Birth	/ /	Gender	Male / Female
School		Grade	
Sibling's Name (if enrolling)	Last	First	Middle
Date of Birth	/ /	Gender	Male / Female
School		Grade	
Address & Phone	Street		Apt. No.
	City	State	Zip Code
Mother/Guardian	Name		Email
	Home Phone		Cell Phone
Father/Guardian	Name		Email
	Home Phone (if different from above)		Cell Phone
<p>Why do you wish to enroll your child? <input type="checkbox"/> To give my child an early start <input type="checkbox"/> To improve my child's learning ability <input type="checkbox"/> Prepare for exams Other, explain _____</p> <p>How did you hear about JEI Learning Centers? <input type="checkbox"/> Friend's Recommendation <input type="checkbox"/> Drive-by <input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Mail <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Magazine Other, explain _____</p>			
<p>I have read and agree to the JEI Learning Center Policy.</p> <p>Signature: _____ Date: _____</p>			

*****OFFICE USE ONLY*****

Student 1	Subject	Schedule	Subject	Schedule
Comment:				
Student 2	Subject	Schedule	Subject	Schedule
Comment:				
Student 3	Subject	Schedule	Subject	Schedule
Comment:				