



I'M A STAR FOUNDATION LEADERSHIP REGISTRATION FORM

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STUDENT INFORMATION

NAME:

AGE:

GRADE: SCHOOL:

HOME ADDRESS:

CITY: STATE: ZIP:

STUDENT PHONE: STUDENT EMAIL

STUDENT'S BIRTHDAY: _____

STUDENT ID #: _____

PARENT / GUARDIAN INFORMATION

PARENT NAME:

HOME PHONE: PARENT CELL PHONE:

PARENT EMAIL:

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

RELATIONSHIP TO STUDENT: _____