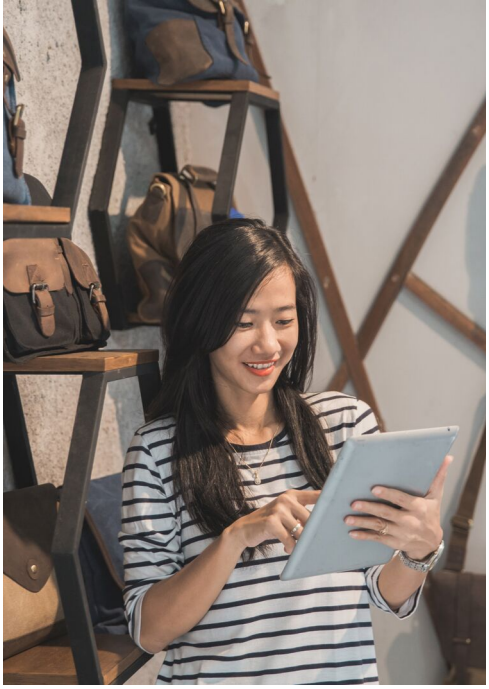
ECIER FOUNDATION

Student Application



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2019/2020
Student Application

ECIER FOUNDATION
Educate Create Innovate Entrepreneur Relationships

Personal Information

First Name | Middle Initial | Last Name

Age | Date of Birth | Gender

Street Address

City | State | Zip Code | Phone Number

Email address

Parent/Legal Guardian Information

Parent/Legal Guardian Name | Phone Number

Email address

2019/2020
Student Application

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Emergency Contact

Primary Contact Name

Phone Number | Relationship to student

Secondary Contact Name

Phone Number | Relationship to student

Student Medical Information

Please list any medical conditions you would like the program staff to be aware of:

Does your child have any allergies?

2019/2020
Student Application

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Student Profile

Circle all the words that best describe you.

Quiet	Helpful	Popular	Funny	Active
Adventurous	Outgoing	Friendly	Sad	Calm
Lonely	Shy	Happy	Loud	Hopeful
Talkative	Moody	Cautious	Serious	Giving

What are your favorite school subjects?

Which subjects do you find challenging?

Share two things you love to do.

Share two things you hate to do.

What qualities do you admire in an adult?

Share two things you do well.

2019/2020
Student Application

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Student Profile

List your favorite...

Music Group _____

Book/Story _____

Physical Activity _____

Thing to do in your free time _____

Celebrity _____

Movie _____

Place to hang out _____

Time of year _____

SHARE A SIGNIFICANT CHALLENGE YOU HAVE FACED AND HOW YOU OVERCAME IT.

_____

_____

_____

_____