

Instructions for 4-H Enrollment Card



Homeroom Teacher: Enter teacher's last name

Last Name: Student's Last Name **First Name:** Name child is called by teachers **M.I.:** Middle Initial

Address: Complete Mailing Address **City:** **Zip:**

School: ACMS, ACES, 4-D, Altamaha, or ACA

Birthday: ex. 1/25/98 **Grade:** 5th or 6th **Gender:** Circle Male or Female **Age:** Age as of today

Racial Classification: Circle all that apply

Residence: If parents farm for a living, circle Farm. If you live in country, but do not farm, circle Rural. If you live in the city limits, circle Town.

Circle any that apply: Circle *Hispanic Ethnicity* or *Military Family* if this applies to you.

Home Phone: If home phone is not available, please give # of a close relative or neighbor. **Parent E-mail:** Optional, but needed, if possible

Parents or Guardians you live with: Put information for main parent(s) or guardian(s) responsible for student. (If no work phone, list place of employment.)

Additional Parent you DO NOT live with: Only fill this out if parent does not live with student but still shares in decision-making for student. Please do NOT fill out if parent has no parental rights or is no longer responsible for child's welfare.

Health concerns or special needs you'd like the extension office to be aware of: Only fill this out if we need to be aware of a child's condition: ie. Epilepsy, diabetic, etc...

4-H Volunteer: If you would like to be a 4-H Volunteer this year, please write your name here. We occasionally need volunteers to chaperone trips or parties, serve as a project judge, or help out with a special project. You may want to list how you'd like to volunteer and any special skills you may have.

4-H Enrollment Card



Homeroom Teacher: _____

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City:** _____ **Zip:** _____

School: _____

Birthday: ____ / ____ / ____ **Grade:** _____ **Gender (circle one):** Male Female **Age:** _____

Racial Classification (circle all that apply): White African American or Black American Indian Asian Pacific Islander

Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City (more than 50,000)

Circle any that apply: Hispanic Ethnicity Military Family

Home Phone: _____ **Parent E-mail:** _____

Parents or Guardians you live with:

Last Name: _____ **First Name:** _____ **Work Phone:** _____

Gender: _____ **Relationship:** _____ **Cell Phone:** _____

Last Name: _____ **First Name:** _____ **Work Phone:** _____

Gender: _____ **Relationship:** _____ **Cell Phone:** _____

Additional Parent you DO NOT live with:

Last Name: _____ **First Name:** _____ **Work Phone:** _____

Gender: _____ **Relationship:** _____ **Cell Phone:** _____

Health concerns or special needs you'd like the extension office to be aware of: _____

4-H Volunteer: _____