



Student Enrollment Form for Paulding County 4-H

School: _____ Homeroom Teacher: _____

Primary Affiliation(s) with Paulding County 4-H (club, team, etc.): _____

Last Name: _____ First Name: _____ Preferred Name: _____
(Used at school)

Address: _____ City: _____ Zip: _____

Birthday: ____/____/____ Current Age: ____ Grade for Current School Year*: _____ Gender (circle one): Boy Girl
month day year

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

Hispanic ethnicity: Yes ___ No ___ Military family (immediate family, active, or retired): Yes ___ No ___

Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000)

E-mails (Please print clearly; E-mails will not be sold, but used to keep you informed of what is happening in with 4-H activities your child is involved in.)

Parent/Guardian E-mail: _____

4-H'er E-mail (6-12 grade): _____

Parents/Guardians you live with:

Last Name: _____ First Name: _____ Phone: _____
Male Female (circle one)

Last Name: _____ First Name: _____ Phone: _____
Male Female (circle one)

*Georgia 4-H enrollment policies can be found at: <http://georgia4h.org/riskmanagement/>



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