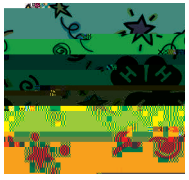


# Instructions for 4-H Enrollment Card



**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

**Birthdate:** 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 *has nparatal rights o is ndng rrspsiblf*

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:** \_\_\_\_\_

**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **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:** \_\_\_\_\_