



ACADEMICA
INTERNATIONAL
STUDIES

Student Information Form

Course Name: _____

1. Student full name: _____ Gender: _____

2. Student date of birth: _____ Grade Level: _____

3. Student birth country: _____

4. Student race: _____ Ethnicity: Hispanic/Latino or Non-Hispanic/Latino

5. Student (local) ID: _____ Language: _____

6. Student email address: _____

7. Student home (residential) address: _____

8. Student phone number: _____

9. Student (organization) school: _____

10. Parent or Legal Guardian Full Name (required): _____

Circle One:

Mother

Father

Legal Guardian

11. Parent or Legal Guardian Phone Number (required): _____

12. Parent or Legal Guardian e-mail address (required): _____

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Fields to be completed during the registration process online:

13. Student username (system-generated): _____

14. Student password: _____

As a parent/guardian of the above named student, I authorize the enrollment of the student into the virtual program, according to the policies and procedures of the virtual school the student is registered in.

Parent or Legal Guardian Signature: _____