

**FOR OFFICE USE  
ONLY**

**Date Entered:**

\_\_\_\_\_

**Parent Permission  
Received:**

\_\_\_\_\_

# ATM/Connections Registration Form

**Please Fill Out Completely and Print Clearly**

**Students Name:** \_\_\_\_\_  
FIRST NAME LAST NAME

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
MM/DD/YYYY

**Race (Please Circle one):**

Black/ African-American (Non Hispanic) White (Non-Hispanic)  
Hispanic/Latino Native American Asian/Pacific Islander Other

**Grade Level:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Parents Email:** \_\_\_\_\_

**Father's Name/Home Address/Telephone Number, (If different from Student's)**  
\_\_\_\_\_

**Mother's Name/Home Address/Telephone Number, (If different from Student's)**  
\_\_\_\_\_

**Student's Living Arrangements:**  Both Parents  Mother  Father  Other: \_\_\_\_\_

**Student's Legal Guardian:**  Both Parents  Mother  Father  Other: \_\_\_\_\_

**Please FAX Completed Form to 404-766-0736**