



**Maritime Academy Charter School**  
*Community Learning Center Program*

**Please Print All Responses**

**Today's Date:** \_\_\_\_\_

**STUDENT INFORMATION:** School, if different from MACHS \_\_\_\_\_

Name (Last name first): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Male Female (circle one)  
Month Day Year

**Parent/Guardian (Name):** \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Phone contact: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

**Subject(s)/Area(s) of interest & need**

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