

**EXCELLENCE IN EDUCATION
CHALLENGE**

REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE#: _____ CELL#: _____

DATE OF BIRTH: _____ GRADE LEVEL: _____

NAME & ADDRESS OF HIGH SCHOOL:

_____ PHONE #: _____

NAME OF SCHOOL PRINCIPAL: _____

NAME & TITLE OF SCHOOL OFFICIAL THAT CAN VERIFY YOUR
ELIGIBILITY:

SIGNATURE OF SCHOOL OFFICIAL: _____

PARENT/GUARDIAN NAME: _____

PARENT GIVES STUDENT PERMISSION TO PARTICIPATE IN THIS PROGRAM

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

**1450 N. Tomoka Farms Road
Daytona Beach, Florida 32124**