



NEXT STEP SUMMER 2020

VIRTUAL PROGRAM ENROLLMENT FORM

Student's Name _____ **DOB** _____

Home Address: _____

School: _____ **Grade:** _____

Parent/ guardian email address: _____

Participant email address: _____

Participant cell phone number: _____

If graduating high school, will the participant be attending college in the Fall of '20? _____

If "yes", to which school will the participant be matriculating? _____

About the participant:

Interests, hobbies, favorite activities to do in spare time:

Past experience with online learning and how that has gone for him/her / they:

Will the participant benefit from email or texts notifications/ reminders for each online presentation/ social opportunity, during the week? _____