



NEXT STEP SATURDAY SESSIONS

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 '21? _____

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? _____

OPTIONAL: How would you describe the participant's race/ethnicity? _____