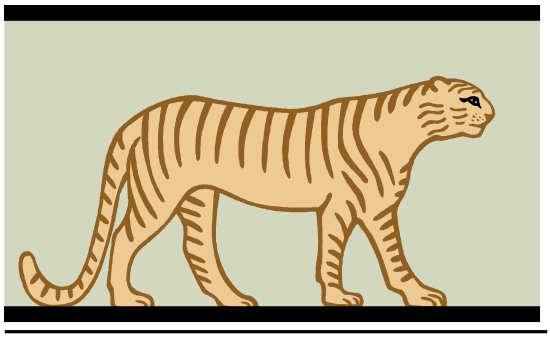

SULLIVAN HIGH SCHOOL
PAIDEIA PROGRAM APPLICATION

(Note: An interview is REQUIRED for enrollment in the Paideia Program.)

Child's Name: _____
(Last) (First)

Birthdate: ____/____/_____ Student ID number:_____
month day year

Present school name: _____

Present grade level: _____

Sex: ____male ____female

Racial/Ethnic Background: (check one)
_____ White, non-Hispanic
_____ Black, non-Hispanic
_____ Hispanic
_____ American Indian, Alaskan Native
_____ Asian/ Pacific Islander

Parent/ Legal Guardian Information:

Name: _____
(last) (first)

Address: _____Zip code:_____

Home phone: _____ Work phone: _____

Parent/ Legal Guardian signature:_____

Please give the name(s) of any siblings currently enrolled at Sullivan:

1._____ 2._____ 3._____