



Return to
 Jacqueline Cochran
 310 259-2174

Kirkland Academy For Excellence

Algebra Explosion!

(Grades 6th – 11th)

Student Application

General Information				
Student's Last Name	First Name	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School District:		Grade	Which are you taking?	
School:			<input type="checkbox"/> General Mathematics <input type="checkbox"/> Pre-Algebra <input type="checkbox"/> Algebra 1	
Math/Algebra Teacher:				
Church Home:				
Parent/Legal Guardian's Last Name	First Name	Email		
Address	City	State	Zip Code	
Daytime Phone	Evening Phone	Cell Phone		

Health Information and History <i>(Use the back as necessary.)</i>
Does the student have any of the following conditions?
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies (list) _____
The student is under a physician's care for the following conditions:

<i>I hereby waive all claims against Grant AME Church and its employees or volunteer workers for injury, accident, or illness occurring by reason of participation in The Kirkland Academy For Excellence Algebra Explosion! Tutorial. In case of an emergency, I authorize any licensed physician, nurse, or hospital to render such medical aid as may be deemed necessary and/or desirable.</i>	
Parent's /Guardian's Signature	Date