High School Financial Planning Class Application
910-907-5044 (Office) 910-907-5046 (Fax)

Student's Name _____
Last **First** **Middle**

Current School _____ **Current Grade** ____ **Gender:** **Male** ___ **Female** ___

Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Date of Birth** _____

Ethnicity: **African American** __ **Native American** __ **Asian/Pacific Islander** __
Hispanic __ **White** __ **Other** __

Please provide facts concerning your child's medical history including allergies, medications, and any physical impairment, which a physician me be alerted:

Allergies _____

Medications _____

Emergency Contacts: _____

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

_____ _____
Student's Signature **Date**

_____ _____
Parent/Guardian Signature **Date**

This event is open to Active Duty, National Guard, Retirees, and DOD Civilians.