

# FISK UNIVERSITY SUMMER MINI-COLLEGE APPLICATION FOR ENROLLMENT

NAME OF CHILD \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street  
City State Zip Code

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE (Fall, 2026) \_\_\_\_\_

PARENTS OR GUARDIANS \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

## **PLACE OF EMPLOYMENT**

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_

## **IN CASE OF EMERGENCY (If Parents cannot be reached) CONTACT:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_

## **IF YOUR CHILD HAS ANY TYPE OF MEDICAL PROBLEM , PLEASE GIVE DETAILS:**

\_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S INTERESTS AND HOBBIES \_\_\_\_\_

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## **FOR OFFICE USE ONLY**

DEPOSIT PAID \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BALANCE PAID \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_