University of South Florida
Dr. A.N.V. Rao Gurukulam Program
COLLEGE OF ARTS & SCIENCES

STUDENT REGISTRATION FORM: SUNDAY PROGRAM 10:00-12:00

DATE: _____
STUDENT NAME: _____
Last First Initial

NAME OF SCHOOL _____

GRADE _____ DATE OF BIRTH ____/____/____

GENDER: Male / Female HOME PHONE# _____

HOME ADDRESS _____ APT #:___

CITY: _____ ZIP:_____

MOTHER'S NAME _____
WORK # _____

FATHER'S NAME _____
WORK # _____

CONTACT E-MAIL ADDRESS: _____

LIST OF PERSON'S WHO WOULD BE RESPONSIBLE FOR TRANSPORTING YOUR CHILD

NAME_____ PHONE # _____

NAME_____ PHONE # _____

IN CASE OF ILLNESS OR INJURY PLEASE CONTACT

NAME_____ PHONE # _____

Circle subjects in which you need assistance from the following list (circle all that apply):
Mathematics: General Math, **Pre-Algebra**, **Algebra**, **Algebra II**, **Trigonometry**, **Geometry**, **Calculus** and **AP Math**, and Achievement level in Math
English: preparatory help in **SAT**, **PSAT**, **SSAT** and Achievement level in English
Science: Chemistry, **Biology** and **Physics**, **AP level Sciences** and Achievement level in Sciences

_____ _____
Signature: **PARENT/LEGAL GUARDIAN** **DATE**