



Rooted In Blackness STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Legal Name (First, Last): _____

Preferred name(s): _____

(School) Student ID # : _____

Home Address:

_____ City _____ State _____ Zip Code _____

DOB: ____ / ____ / ____ Age: _____

Primary Language(s) Spoken: _____

What is the student's gender? ☐ Male ☐ Female ☐ Non Binary ☐ Other:

Race/Ethnicity: (Mark as many choices as appropriate):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian | |
| <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Alaska Native | |

School Attending 2024-25: _____

School Grade for 2024-25: _____ T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Home Address:

Email Address: _____

Home Phone: _____ Work Phone: _____

MEDICAL and EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name (First, Last): _____

Cell Phone: _____

Home/Work(circle) Phone: _____

Name (First, Last): _____

Cell Phone: _____

Home/Work(circle) Phone: _____

Conditions that may affect child's participation in activities (e.g. medical condition, allergies):

Dietary restrictions/ preferences: _____



Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

With this, we seek your consent in allowing us to publish photos which may involve your child to the said platforms.

Please do provide your response by selecting your choice below and submitting this form:

____ Yes, I give consent for Rooted In Blackness to photograph my child for school RIB purposes and/or at school events.

____ No, I do not authorize Rooted In Blackness to photograph my child for any event.

Parent/Legal Guardian (Signature)

Parent/Legal Guardian Name (Printed)

Date