

YOUR  
LOGO

**School Inc.**

Miami, FL 33124 | inquire@school.mail | template.net | 222 555 777



## Student Signup Form

Please fill out this form completely to register as a student for our courses and programs.

### Personal Information

**Name \***

First Name

Last Name

**Date of Birth \***

Date

**Age \***

Address \*

Street Address

City

State

Postal/Zip Code

Country

Phone Number \*



Phone Number

Email \*

Please provide your email address.

Email Address

Educational Information

Highest Level of Education \*

- ☐ High School
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Other:

Add option

Field of Study (if applicable)

Course/Program Interest

Which course(s) are you interested in enrolling in? \*

- Introduction to Digital Marketing
- Data Science and Analytics for Beginners
- Graphic Design Fundamentals
- Photography and Videography Basics
- Advanced Excel and Data Visualization
- Creative Writing and Storytelling
- Project Management Essentials
- Introduction to Web Development
- Public Speaking and Communication Skills
- Business Strategy and Entrepreneurship

Add option

Preferred Start Date \*

Date

Emergency Contact Information

Contact Name \*

First Name

Last Name

Relationship \*

Phone Number \*



Phone Number

Additional Information

Provide any additional comments, notes, etc.

Signature



Name: \_\_\_\_\_

Date: \_\_\_\_\_