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**Required Information**

- [ ] Date of Birth: [ ]
- [ ] Address: [ ]
- [ ] Phone: [ ]
- [ ] Email: [ ]
- [ ] School: [ ]
- [ ] Grade: [ ]
- [ ] Age: [ ]

**Checklist**

- [ ] Have you reviewed the requirements for the course?
- [ ] Have you completed the prerequisite course?
- [ ] Have you read the course syllabus?
- [ ] Have you attended the course meetings?
- [ ] Have you submitted all required assignments?

**Contact Information**

- [ ] Name: [ ]
- [ ] Email: [ ]
- [ ] Phone: [ ]
- [ ] Address: [ ]

**Recommendations**

- [ ] Recommendation from a teacher
- [ ] Recommendation from a counselor
- [ ] Recommendation from a parent or guardian

**Signature**

- [ ] Signature: [ ]
- [ ] Date: [ ]