



Council of African American Parents

23535 Palomino Drive #243

Diamond Bar

CA

91765

(909) 497-9044

Tax ID: 95-4453930

CAAP Mission: *To enhance the educational opportunities of students through academics, social activities and cultural awareness.*

STUDENT ENROLLMENT FORM

Circle the CAAP program that the student will enroll: PALS \$100 Legacy \$100 Reading Circle \$50 Jr./Sr. Workshop

Circle whether this is a new or renewal enrollment: NEW RENEWAL DATE: _____

STUDENT INFORMATION

Last Name:		First Name:	
School:		Grade:	
Email (if available):			
Street Address:			
Street Address Cont:			
City:	State:	Zip Code:	
Cell Phone (if available):	Home Phone:		

PRIMARY PARENT OR GUARDIAN INFORMATION

Last Name:		First Name:	
Email:			
If address same as student just circle: SAME AS STUDENT	Relation to Student		
Street Address:			
Street Address Cont:			
City:	State:	Zip Code:	
Cell Phone:	Home Phone:		

SECONDARY PARENT OR GUARDIAN INFORMATION

Last Name:		First Name:	
Email:			
If address same as student just circle: SAME AS STUDENT	Relation to Student		
Street Address:			
Street Address Cont:			
City:	State:	Zip Code:	
Cell Phone:	Home Phone:		