

Community Education Department Enrollment Form

Milan Area Schools * 920 North St * Milan, MI 48160

Are you a new student or a returning student? New Returning

Last Name:	First Name:	Middle Initial:

Maiden Name:	SSN:	What city were you born in?

Address:	City:	State:	Zip:

CONTACT INFORMATION

Phone #:	Alternate Phone #:	Email:

**In cases of emergency or closure, we'd like to be able to get ahold of you. We ask for your social media information so that we can better reach you if you don't regularly check email/voicemail. *Optional:*

Facebook Name:	Instagram Handle:	Twitter Handle:

EDUCATIONAL HISTORY

School Attended:	City:	Grade Completed:
School Attended:	City:	Grade Completed:

Have you enrolled in any other adult education program this school year? Yes No

If so, what district?

I hereby authorize the above named schools to release all available records to:
 Milan Community Education Department
 920 North St, Milan MI 48160

Signature:	Date: