

Student Information Form

Please complete and mail to: SEEK, P.O. Box 937, Crawfordville, FL 32326

First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Age: _____ Gender: M F Current Grade: 9 10 11 T-Shirt Size: _____

Home Address: _____

City: _____ FL Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Mother's Name: _____ Check if address is same as student's

Address (if different): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Father's Name: _____ Check if address is same as student's

Address (if different): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Roommate preference? No Yes Name: _____

Transportation to and from SEEK Conference:

A family member will drive me to and from the conference.

My family is willing to drive someone who needs a ride one or both ways.

I will ride with another participant (or family). Name: _____

I need help finding someone to rideshare or carpool with.

I will drive my own car.

I will arrive and depart by bus or plane. Provide details: