



SLAM Poetry Class Application

Classes are every Monday from 6pm-7pm.

Student Information

Name _____ Age _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Race/Ethnicity _____ Gender _____

School _____ Grade _____

Other extra-curricular activities involved in? _____

Medications currently taking?

Any illness, condition, allergies, or diagnosis we should be aware of?

People authorized to pick up student from classes?

Guardian Information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone _____ Best Time? _____

Emergency Contact(s)

Name _____ Telephone number _____

Name _____ Telephone number _____

****Send completed application to info@speakfreelyfoundation.org.**

Print Name (Parent or Guardian) _____ **Date** _____

Signature (Parent or Guardian) _____ **Date** _____