

AFSA High School Taste of AFSA Registration Form

Friday, March 19, 2010
Visit us at: www.agacademy.com

Student Name _____ Today's Date: ___/___/___ Grade in September 2010 _____

Home Address _____ Apt. # _____ City _____ Zip Code _____

Home Phone (____) _____ Birth Date: ___/___/___ Gender: _____

Father's Name _____ Father's Day Phone (____) _____

Mother's Name _____ Mother's Day Phone (____) _____

Parent/s Email _____

School Currently Attending _____

The following information will help us to place you with a high school mentor that is interested in some of the same things that you may be!

Favorite Subject/s _____ Hobbies _____

Any Pets (What Kind)? _____

What are you most excited about regarding high school?

What are you most worried about regarding high school?

How did you hear about AFSA High School? (please check one)

AFSA Website Girls and Science Newspaper (which one?) Family Member Attends Word of Mouth Other (please list): _____

Questions or Comments:

Send to: Registration Office
100 Vadnais Blvd.
Vadnais Heights, MN 55127

Questions – Call: 651- 209-3916
Fax: 651-209-3911