Alpha Phi Alpha Fraternity—Kappa Epsilon Lambda (KEL) Chapter
Prince George's County, MD

KEL Alpha Academy Student Registration form for 2023-2024

DATE _____

GENERAL INFORMATION (Student)

E-mail address _____

First Name _____

Last Name _____

Middle Initial _____

Date of Birth _____

Grade _____   **Age** _____

Mailing Address _____

City/Town _____   **State** _____   **Zip Code** _____

Favorite Subject _____   **Special Needs** _____ Yes _____ No

Explanation _____

Student Registration is for ___ Mentoring ___ Tutoring ___ Other_____

The school you attended _____

PARENTAL/GUARDIAN CONTACT INFORMATION (PLEASE PROVIDE IF REGISTRANT IS UNDER 18)

Name _____   **Relationship** _____

Work Phone _____   **Cell Phone** _____

Home Phone_____   **E-Mail** _____

Emergency contact information (If different from above)

Name _____   Relationship _____

Work Phone _____   Cell Phone _____

Home Phone_____   E-Mail _____

All participants (parents/guests/mentee/mentors) who attend the in-person sessions must show a COVID vaccination card to show proof of their vaccination. The Alpha Academy will follow all CDC and Prince George's County COVID protocols during the program year.