

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

**KEL Alpha Academy Student Registration form for 2021-2022**

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 \_\_\_\_\_

**Please complete the registration form and email to [AlphaAcademy@aphiakel.org](mailto:AlphaAcademy@aphiakel.org)**