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HIGH SCHOOL ENROLLMENT FORM



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RECEIVED

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W_____

NAME: _____ UA ID (or SSN): _____
(Last) (First) (M I)

SEMESTER OF ENROLLMENT: _____ Date of Birth (DD / MM / YY): _____

CURRENT MAILING ADDRESS: _____
_____ WZ}v W
Àv]vP WZ}v W
u]o CE ••W
(City) (State) (Zip)

Residency: _____
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DEMOGRAPHIC INFORMATION: _____
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¹ RESIDENT AND NON-RESIDENT TUITION

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vœ}oou vš L œ u}œ šZ v šÁ}rÇ œ • v œ }v•] œ
v}vrœ •] vš• µvÿo šZ Ç •µ u]š v ^ %o%o] ÿ}v