



AGAPE VILLAGE SCHOOL
Trial Visit Form

Students Information:

Name: _____ Birth Date: _____ Sex: _____

Address: _____ City: _____ State: _____

Zip: _____

Place of Birth: _____ Citizen Of: _____ Current Grade: _____

Name of last school attended: _____

Dates attended: _____ to _____

Address of last school attended: _____

Grade completed: _____

Parent /Legal Guardian 1 Information

Name: _____ Home Ph. (____) _____

Work Ph. (____) _____ Cell Ph. (____) _____

Home Address: _____

Employer: _____

Bus. Address: _____

Email Address: _____

