



# Teach Me Automation, LLC

## Student Enrollment Form

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TEXT:  YES  NO

EMAIL: \_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_

+

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE**

DATE: \_\_\_\_\_ COURSE: \_\_\_\_\_

CONFERENCE: \_\_\_\_\_ INITIALS: \_\_\_\_\_