

Austin Buddhist Center Dhamma School Enrollment Form



Date: _____

Student's name: _____

Date of Birth: _____

Age at enrollment: _____

Address: _____

Parent / Guardian name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail: _____

What is the best way to contact you about upcoming class schedules: _____

Emergency contact person other than parent: _____

Relationship to student: _____

Home phone: _____ **Mobil phone:** _____

In the box provided please let us know about your expectations in enrolling your child in The ABC Dhamma School. Your opinions are valued, and will be taken into account in modifying our curriculum to meet your child's needs.

Parent / Guardian Signature: _____ Date: _____