

ORIKI THEATER'S RITES OF PASSAGE PROGRAM

Presented in partnership with Eta Sigma Lambda Chapter of Alpha Phi Alpha Fraternity
Boys will come, Men will return!



STUDENT REGISTRATION FORM

Student Information (to be completed by student)			
Name:		Date of Birth:	
Street Address (where you live):			
City:		State:	Zip:
Home Telephone:	Cell Phone:		Email:
Best way to contact you:			
School:		City:	Grade:

What subject(s) do you like most?

--	--	--

What subject(s) do you find challenging?

--	--	--

List any activities, programs / clubs you are involved in at school (sports, drama, student government, etc):

List any hobbies, activities, programs, clubs, etc. you are involved in outside of school (fishing, painting, computer games, church choir, Greene Scholars Program, NAACP, etc):

List any talents, skills or interests you have:

--

Do you plan to go to college after high school?

YES

NO

Briefly explain your answer:

What are your career goals or interests?

--	--	--

Who are your role models? (These are people who you respect and admire. They could be coaches, teachers, parents, other relatives, etc.)

--	--	--

Pick one of the people you have listed above and tell us why he or she is your role model:

Parent / Guardian information (to be completed by parent / guardian):

Name:	Relationship with student:
-------	----------------------------

Does the student live with you? YES NO
(If NO; please provide your address below)

Street Address (where you live):		
City:	State:	Zip:
Home Telephone:	Cell Phone:	Email:
Best way to contact you:		

What do you hope the Rites of Passage Program will offer the student?

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Return Registration form with your Non-refundable Application Processing Fee of \$30.00

VERY LIMITED SPACES AVAILABLE

Make your check payable to: **ORIKI THEATER**

ORIKI THEATER | 2496 WYANDOTTE STREET | MOUNTAIN VIEW | CA 94043 | 650-968-1598