



Student Registration Form

Name	
Street Address	
City	
Home Phone	
Cell Phone	
Email Address	
Name of your School/College	
Class	
Main areas of Interest:	
<input type="checkbox"/> Poverty Alleviation (SDG 1) <input type="checkbox"/> Health (SDG 3) <input type="checkbox"/> Education (SDG 4) <input type="checkbox"/> Gender Equality (SDG 5) <input type="checkbox"/> Environment Protection (SDG 13)	
Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. Any false statements, omissions, or other misrepresentations made by me on this application may result in immediate cancellation of my registration.	
Name (printed)	
Signature	
Date	/ /

----- For office use only -----

Student Name _____

Registration id _____

Approved by _____

Signature _____

Date _____