

STUDENT INFORMATION

As the parent of a first-generation freshman at Fitchburg State University I wish to participate in the Family First Program by enrolling in one **FREE** course for the Fall semester 20____ Spring semester 20____

Full Legal Name: _____
LAST FIRST MIDDLE

Permanent Address: _____
STREET CITY STATE ZIP CODE

Social Security #: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

I am the parent of _____
NAME OF STUDENT ATTENDING FITCHBURG STATE IN THE FALL, 20____ SEMESTER

FOR REPORTING PURPOSES

Gender Male Female Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaskan Native Asian Black, or African American Cape Verdean

Native Hawaiian or Pacific Islander White Other (please specify): _____

OFFICE USE ONLY — Registration information to be completed with your advisor

I wish to enroll in the following course at Fitchburg State University:

CRN	Course #	Course Title	Day/Time	Credits

ID: _____

PLEASE RETURN TO THE REGISTRAR

Fitchburg State University • 160 Pearl Street, Fitchburg, MA 01420 • 978-665-4196 • Fax: 978-665-3151