



midlanticmarketing solutions

bright house NETWORKS



EXCELLENCE IN EDUCATION CHALLENGE  
REGISTRATION FORM

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

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

PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL:

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

NAME OF SCHOOL PRINCIPAL: \_\_\_\_\_

NAME AND TITLE OF SCHOOL OFFICIAL THAT CAN VERIFY YOUR  
ELIGIBILITY: \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE ACKNOWLEDGING PERMISSION FOR  
STUDENT TO PARTICIPATE IN THIS PROGRAM:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE                      DATE

\_\_\_\_\_  
STUDENT SIGNATURE                                      DATE