

Project Safe Zone Application

The retreat will take place on Friday, April 18, 2008 from 8:00 a.m. to 8:00 p.m.

Please return applications to E217 no later than **Friday, February 29**. Applications received by this deadline will be given preference.

Name _____

Student ID# _____

Grade _____

Circle one: Male Female

How do you identify culturally/racially? (Optional... we try to form a diverse group) _____

Phone# _____


Email _____

Schedule:

<u>Period</u>	<u>Room</u>	<u>Teacher</u>	<u>Class</u>
AM			
1			
2			
3			
4			
5			
6			

If you or your parents have questions or concerns, please contact Kelly Bates at (310) 395-3204 x247.

Parent signature _____ Date _____

(See Page 2) 

(1)

Have you ever applied to participate in Project Safe Zone? YES NO

Have you ever participated in Project Safe Zone? YES NO

Please explain why you would like to participate in Project Safe Zone: