

Student Registration Form

African American History Institute

Name: _____

Student ID: _____

Race: _____

Sex: _____

Home Address: _____

Home Telephone: _____ Mobile: _____

Parent/Guardian: _____

Emergency Contact: _____

Emergency Number: _____

Current 2008/2009 School: _____

_____ My child may be interviewed, videotaped or photographed as part of the African American History Student Institute.

My signature indicates that my child has my permission to attend and participate in the African American History Student Institute.

Parent/Guardian Signature

Date

Student will include an essay addressing the following question.

Historians usually develop a question in which they focus their research.

What question would you most like to research during the African American History Institute and why have you chosen this question?

Confirmation Forms are due by May 15, 2009

Please return completed form to:

Marilyn Taylor
Academic Operations, Technology & Innovation
2485 Union Avenue • Memphis, TN 38112 • Fax: (901) 416-3436