

Atlantian Pages Academy Enrollment

All Fields must be filled out

ALL INFO IS KEPT CONFIDENTIAL!!!

Only the Chancellor of Youth, the Deputy, and Kingdom Seneschal will have this information.

Page's Legal Name: _____

Page's SCA Name: _____

(choose one for contact info)

Page's Address(optional): _____

Page's Home Phone _____

Page's Email: _____

Page's Date of Birth: _____

Page's Age: _____

Parent/Guardian Legal Name: _____

Parent/Guardian SCA Name: _____

Page's Local SCA

Group: _____

I am the Parent/Guardian of the above named Page Candidate and agree to have the above named individual Sponsor my child.

Parent's Legal Signature: _____ Date: _____