



# JUMP START PROGRAM REGISTRATION FORM

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**PLEASE PRINT**

Student ID # \_\_\_\_\_

Month/Day/Year \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip \_\_\_\_\_

County of Legal Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Number \_\_\_\_\_

Email \_\_\_\_\_

Name of High School \_\_\_\_\_

**Semester Year** \_\_\_\_\_  
(check one)

FALL  SPRING

Have you previously taken Jump Start courses through Sussex?

Yes  No

Check if your address has changed. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COURSE CODE	COURSE NUMBER	SECTION NUMBER	COURSE NAME	CREDITS
			<b>TOTAL CREDITS</b>	

**STUDENTS:** *I have read, understand, and agree to the above policies and requirements.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School: \_\_\_\_\_

**PARENTS:** *If student is under the age of 18, the parents must sign.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For additional questions, contact  
Julie Fliegel, Jump Start Coordinator | [jfliegel@sussex.edu](mailto:jfliegel@sussex.edu)**