

Assist America Stand-Alone Evacuation and Repatriation Dependent Enrollment Application

		Student Informa	ation		
				Date	
Full Name	: <u>, , , , , , , , , , , , , , , , , , , </u>				th:
	Last	First	M.I.		
Addross					
Address	 Street Address				Apartment/Unit #
	222.7.144.000				, paramone office
	City		Stat	te	ZIP Code
	J.,		Siai		2.7 0000
Phone	:	Email			
Studer	it ID #:	Gender: _		College:	
Prefer	red method of contact (Check				
1 161611	which applies):	Phone	Email		
		_	_		
	Spouse/Dom	estic Partner Enro	ollment Informati		of
Full Name:				Date Bir	ot th:
. an ranio	Last	First	M.I.		
Address	:				
	Street Address				Apartment/Unit #
	City		Stat	te e	ZIP Code
Phone	: 	Email_			
c	Gender:				
	Child	(ren) Enrollment I	nformation		
Full Name				Date	
Full Name	. ————————————————————————————————————	First	M.I.		th:
			IVI.I.		
Address	:				
	Street Address				Apartment/Unit #
	City		Stat	e e	ZIP Code
	-				
Phone	<u>.</u>	Email			



Gender:		

		Child(ren) Enrollm	nent Informati	on Continued	
Full Name				D	ate of Birth:
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Address	:				
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone	:		Email		
G	Gender:				
				П	ate of
Full Name	:				Birth:
	Last	First		M.I.	
Address	·				
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone	:		Email		
G	Gender:				
					ate of
					Birth:
	Last	First		М.І.	
Address					A + + + + + +
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone	· ·		Email		
G	Gender:				



Dates of Coverage Selected:

Rate is Per Dependent

	Period of Coverage	Total Cost
12 Months	8/15/24-8/14/25	\$90.00
6 Months	8/15/24-2/15/25 or 2/15/25-8/14/25	\$45.00
Monthly		\$7.50

Dates of Coverage Requested for All Dependents Listed On This Form:

Signature Agreement: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Student Signature Print Name Date

Please complete this enrollment form and email to asksmi@buffalo.edu to receive payment link.