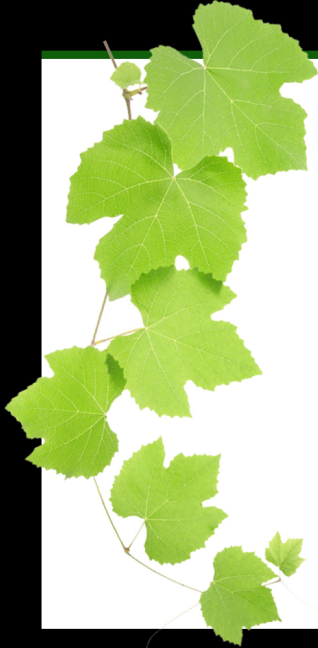


STUDENT IDENTIFICATION



Name:

Student ID: #

Address:

Diploma Program:

Enrollment Date:

GENESIS SCHOOL OF NATURAL HEALTH

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