

GRADE

Enrollment Form

Student Information

Last (Legal) Name _____ First (Legal) Name _____ Middle Initial (Legal) _____

Birth date (Month/Day/Year) ____/____/____ Gender: M F Birth Place: _____
City, State and Zip Code

Ethnic Group: White Hispanic Black Native Am/Alaska Asian/Pacific Islander Other

Student and Family Language(s)

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Family Information

Who does the student live with? Both parents Mother Father Stepmother Stepfather Relative Foster Guardian

Mother/Guardian Name _____ Mother/Guardian Email Address _____

Home Address _____
Address Apt. # City Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Name _____ Father/Guardian Email Address _____

Home Address _____
Address Apt. # City Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

LIST SIBLINGS:

Last, First, MI _____ Age _____ School _____

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Student Educational History

Name of Previous School _____ City and State _____

Has student ever repeated a grade level? YES Grade? ____ NO

Has student ever been suspended or expelled? NO YES If yes, please specify: _____

Has student ever received Special Education services? YES NO Has student ever received ELL services? YES NO

Area of disability: _____

Does your child have an IEP? YES NO Does your child have a 504 Plan? YES NO

If your child has been identified for Special Education services, parents must provide all Special Education Records, including Psycho Educational Evaluation prior to the first day of school

Signature of Parent/Guardian _____

Date _____