



STUDENT ENROLLMENT APPLICATION

FOR OFFICE USE:

Date Application Received:	Reviewed by:
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Please read carefully and complete by printing in ink or typing.

Provide all information requested.

Personal Information

STUDENT (Legal Name):				Date of Birth:		Place of Birth:	
Address (911):				City:		State:	Zip:
Phone (Home):		Phone (Other):		Grade Level:		SSN #:	
Nationality	Race	Sex	Color of Eyes	Color of Hair	Height	Weight	Complexion

Family Information

FATHER (Legal Name):				Date of Birth:		Place of Birth:	
Address (911):				City:		State:	Zip:
Phone (Home):		Phone (Cell):		Phone (Work):			
Employer:		Occupation:		SSN #			
Drivers License Number:		State of Drivers License:		Years of Education:			

MOTHER (Legal Name):				Date of Birth:		Place of Birth:	
Address (911):				City:		State:	Zip:
Phone (Home):		Phone (Cell):		Phone (Work):			
Employer:		Occupation:		SSN #			
Drivers License Number:		State of Drivers License:		Years of Education:			

Marital Status: Married Divorced Separated Widowed Other:

If other than married, whom does the student live with? _____

LEGAL GUARDIAN <i>(If different from parent):</i>		Date of Birth:	Place of Birth:	
Address (911):		City:	State:	Zip:
Phone (Home):	Phone (Cell):		Phone (Work):	
Employer:	Occupation:		SSN #	
Drivers License Number:	State of Drivers License:		Years of Education:	

STUDENT'S SIBLINGS (INCLUDE ALL HALF, STEP SIBLINGS AND ADOPTIVE SIBLINGS)

Name	Date of Birth	Relationship	Presently living with...

EMERGENCY CONTACTS:

Full Name:		Relationship:	
Phone (Home):	Phone (Cell):	Phone (Work):	

Full Name:		Relationship:	
Phone (Home):	Phone (Cell):	Phone (Work):	

School Information

NAME OF LAST SCHOOL ATTENDED:			
Address:		City:	State: Zip:
Phone (Office):	Phone (Fax):	Phone (Other):	

School performance this year was: better than equal to poorer than previous year.

Has this student been classified as "Special Needs"? Yes No

If yes, circle classification:

ADD ADHD AU BEH D/B HI EMH TMH SPMH MU OI OHI SLD SLI VI

What is your child's ...

Academic strengths: _____

Academic weaknesses: _____

Overall attitude toward school: _____

How does your child relate to teachers?

Male: _____

Female: _____

Has your child previously been excluded from school for cause (for example suspension or expulsion)?

Yes No If yes, when: _____ Name of school: _____

Behavioral Information

Does your child have a history of involvement with the juvenile justice system?..... Yes No Unknown

Has your child been placed away from home before?..... Yes No Unknown

Does your child have a history of substance abuse?..... Yes No Unknown

Does your child have a history of abuse or neglect? Yes No Unknown

Does your child have a diagnosed or suspected health condition or disability?..... Yes No Unknown

If yes, please explain briefly: _____

Does your child have mental health needs requiring treatment? Yes No Unknown

If yes, please explain briefly: _____