

Student Information

First Name: _____	Middle Name: _____	Last Name: _____
Age: _____	Birth day(m/d/y): _____	Grade Enrolling: _____
Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Country of Birth: _____	

Public School District in which student lives: \_\_\_\_\_

Parent/Guardian Information

Father     Step-Father     Guardian     Other

Full Name

Cell #

Address

Home #

City  State  Zip

Email

Employer

Work #

Employer Address

Mother     Step-Mother     Guardian     Other

Full Name

Cell #

Address

Home #

City  State  Zip

Email

Employer

Work #

Employer Address

*If divorced or separated, please complete:*

Student lives with:  Mother  Father  Other \_\_\_\_\_ Legal Custody:  Joint  Mother  Father  Other \_\_\_\_\_

Church Membership (If you do not attend a church at this time, please leave blank)

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

My child is baptized:  Yes  No

If yes, baptismal date (m/d/y): \_\_\_\_\_

**Previous Schools Attended**

Previous School: \_\_\_\_\_

Grades Attended (Check all that apply)

K5  1  2  3  4  5  6  7

Previous School: \_\_\_\_\_

Grades Attended (Check all that apply)

K5  1  2  3  4  5  6  7

**Academic Background Information**

To better serve your child, please answer the following questions:

Does your child have any identified learning disability or special need?

Yes-in the past  Yes- currently  No

If yes, please explain: \_\_\_\_\_

Has your child received services for a learning disability?

Yes  No

If you child has an IEP (Individual Education Plan, please provide name of the school. \_\_\_\_\_

If you child has been expelled in the past, please provide name of the school. \_\_\_\_\_

**Child Pick-Up Authorization**

Name of Authorized Person	Relationship to Child	Phone #

Persons **NOT** authorized to pick-up child

List here

Name of Siblings	Age	Grade (2022-23)	Gender

<b>Date Entered US</b> <i>(if born outside of US):</i> _____		<input type="checkbox"/> Not Limited	
<b>English Proficiency:</b>		<input type="checkbox"/> Limited <input type="checkbox"/> Limited Monitored 1 <input type="checkbox"/> Limited Monitored 2	
<input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic	
<b>Race:</b> <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> 2 or more races		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic	
<input type="checkbox"/> <b>Economic Disadvantaged</b> <i>if checked you MUST select a Food Services option</i>		<b>Food Service Eligibility survey</b> <input type="checkbox"/> Free <input type="checkbox"/> Full Price <input type="checkbox"/> Reduced Price <input type="checkbox"/> Unknown	

**Please sign this form and return to the school office.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**For Office Use Only:**

Fast Direct  Activity Code \_\_\_\_\_  Welcome info  E-Contacts  Classroom Teacher  Transportation  Finance Procure acct.  
 Myhotlunchbox  Constant Contact  forms checklist  immunization  records request  choice  tuition  Registration fee