

Student Information

First Name: _____	Middle Name: _____	Last Name: _____
Age: _____	Birthdate(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

Date Entered US <i>(if born outside of US):</i> _____		<input type="checkbox"/> Not Limited	
English Proficiency:		<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	
Race: <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> 2 or more races		Ethnicity: <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Economic Disadvantaged <i>if checked you MUST select a Food Services option</i>		Food Service Eligibility survey <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