

ENROLLMENT FORM
PLEASE COMPLETE FRONT AND BACK OF FORM

DATE OF APPLICATION	GRADE APPLYING FOR / SCHEDULE REQUESTED	BIRTH DATE
STUDENT'S FULL NAME		
HOME ADDRESS		
CITY		ZIP
HOME PHONE	WORK PHONE MOM _____ DAD _____	CELL PHONE MOM _____ DAD _____
E-MAIL ADDRESS		
LEGAL GUARDIANS OF CHILD		
BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER, PLEASE EXPLAIN _____		
MOTHER'S NAME		FATHER'S NAME

PLEASE LIST FULL NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD AT SCHOOL.

(Only persons named here will be allowed to remove child from school premises unless parent advises school in writing of additional persons)

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____

THE FOLLOWING PERSON(S) MAY NOT REMOVE MY CHILD FROM THE FACILITY.

1. _____

2. _____

CUSTODY PAPERS HAVE BEEN PROVIDED AND ARE ON FILE AT THE FACILITY. _____ YES _____ NO

PLEASE LIST SCHOOLS PREVIOUSLY ATTENDED.		
Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
ARE THERE ANY ACTIVITIES IN WHICH YOUR CHILD CAN NOT PARTICIPATE? PLEASE SPECIFY.		

IN WHAT AREA OF DEVELOPMENT, ACADEMIC SKILLS, OR SOCIALIZATION HAS YOUR CHILD BEEN PARTICULARLY SUCCESSFUL?	
IN WHAT AREAS HAS SHE/HE BEEN LESS SUCCESSFUL?	
HAS YOUR CHILD EVER ENCOUNTERED ANY SCHOOL RELATED PROBLEMS? IF YES, EXPLAIN	
ANY EMOTIONAL OR BEHAVIORAL PROBLEMS?	
DOES YOUR CHILD HAVE ANY PHYSICAL OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF, AND WHAT IF ANY, PRECAUTIONS SHOULD BE TAKEN?	
ANY OTHER IMPORTANT INFORMATION WHICH WOULD ASSIST US IN MEETING YOUR CHILD'S EMOTIONAL, CULTURAL, OR ACADEMIC NEEDS?	
HAS STUDENT BEEN ENROLLED IN PROGRAMS SUCH AS SPECIAL EDUCATION (IEP); SPEECH/LANGUAGE (IEP), TITLE I, GIFTED, BILINGUAL, ETC. _____ YES _____ NO IF YES, PLEASE SPECIFY:	
WHERE DID YOU HEAR ABOUT PRIMAVERA SCHOOL? _____ RADIO _____ MAGAZINE AD (PRESCOTT WOMAN) _____ PHONE BOOK _____ WEBSITE _____ WORD OF MOUTH	
LANGUAGE & ETHNICITY AND RELIGIOUS INFORMATION:	
WHAT LANGUAGE DID THE STUDENT FIRST LEARN TO SPEAK? _____	
WHAT LANGUAGE DOES THE STUDENT SPEAK MOST OFTEN? _____	
WHAT LANGUAGE DO THE PARENTS SPEAK MOST OFTEN IN THE HOME? _____	
ETHNICITY (PLEASE CHECK ONE):	
ASIAN _____ BLACK _____ HISPANIC _____ NATIVE AMERICAN _____ WHITE _____ OTHER _____	
RELIGIOUS PREFERENCE IN THE HOME (PLEASE CHECK ONE): _____ CHRISTIAN _____ JEWISH	
_____ OTHER (PLEASE SPECIFY): _____ _____ DO NOT WISH TO PROVIDE INFO	
NAME OF FAMILY DOCTOR	PHONE
SIGNED (PARENT OR LEGAL GUARDIAN)	DATE