

**ENROLLMENT FORM**

**PLEASE COMPLETE FRONT AND BACK OF FORM**

DATE OF APPLICATION	GRADE APPLYING FOR/SCHEDULE REQUESTED	BIRTH DATE
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STUDENT'S FULL NAME

HOME ADDRESS

CITY	ZIP
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HOME PHONE	WORK PHONE: MOM _____ DAD _____	CELL PHONE MOM _____ DAD _____	E-MAIL ADDRESS
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LEGAL GUARDIANS OF CHILD:  
BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER, PLEASE EXPLAIN: \_\_\_\_\_

MOTHER'S NAME	FATHER'S NAME
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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 CANNOT 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:

**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