



GRADE

2019-2020 Enrollment Form

Scholar Information

Last (Legal) Name _____ First (Legal) Name _____ Middle Initial (Legal) _____
Birth date (Month/Day/Year) ____/____/____ Gender: M F Birth Place: _____
City, State and Zip Code
Ethnic Group: White Hispanic Black Native Am/Alaska Asian/Pacific Islander Other

Scholar and Family Language(s)

What is the primary language used in the home regardless of the language spoken by the scholar? _____
What is the language most often spoken by the scholar? _____
What is the language that the scholar first acquired? _____

Family Information

Who does the scholar live with? Both parents Mother Father Stepmother Stepfather Relative Foster Guardian
Mother/Guardian Name _____ Mother/Guardian Email Address _____
Home Address _____
Address Apt. # City Zip Code
Home Phone _____ Work Phone _____ Cell Phone _____
Father/Guardian Name _____ Father/Guardian Email Address _____
Home Address _____
Address Apt. # City Zip Code
Home Phone _____ Work Phone _____ Cell Phone _____

LIST SIBLINGS:

Last, First, MI _____ Age _____ School _____
Last, First, MI _____ Age _____ School _____

Scholar Educational History :

Name of Previous School _____ City and State _____
Has scholar ever repeated a grade level? YES Grade? _____ NO
Has scholar ever been expelled? NO YES If yes, please specify: _____

This information is collected strictly to ensure existing services continue without delay and does not impact enrollment.

Has scholar ever received Special Education services? YES NO Has scholar ever received ELL services? YES NO
Area of disability: _____
Does your child have an IEP? YES NO Does your child have a 504 Plan? YES NO

If your child has been identified for Special Education services, parents must provide all Special Education Records, including Psycho Educational Evaluation prior to the first day of school to ensure existing services continue without delay.

Signature of Parent/Guardian _____ Date _____