



<b>GRADE</b>
--------------

## Enrollment Form

### Student 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

### Student and Family Language(s)

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

### Family Information

Who does the student 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 \_\_\_\_\_

### Student Educational History

**This information is collected to ensure required services continue as soon as possible**

Name of Previous School \_\_\_\_\_ City and State \_\_\_\_\_

Has student ever repeated a grade level? YES  Grade? \_\_\_\_\_ NO

Has student ever been suspended or expelled? NO  YES  If yes, please specify: \_\_\_\_\_

Has student ever received Special Education services? YES  NO  Has student 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

**Signature of Parent/Guardian** \_\_\_\_\_

Date \_\_\_\_\_