

# ENROLLMENT APPLICATION

# Grades K-12



Date of Application: \_\_\_\_\_

Applying School Year: \_\_\_\_\_

Next Grade Level: \_\_\_\_\_

## Student Information: *Please print in all blank boxes where applicable.*

Name:      
*Last Name First Name Middle Name Birth Date: M / D / Y*

*Home Phone Student Cell Phone Student Email*

Address:      
*Street City State Zip + 4*

*Gender Citizenship 1st. Language Resides With: Mother, Father .. School District*

## Ethnicity: **(Used for state reporting only.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White (not Hispanic)      | <input type="checkbox"/> Asian                               | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian                     | <input type="checkbox"/> Multi-Racial  |
| <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> Native Hawaiian or Pacific Islander |  |

## Church Information: *Please print in all blank boxes where applicable.*

*Church Name Denomination*

*Address City State Zip + 4*

*Phone Senior Pastor Youth Pastor Member*

## Previous School Information: *Please print in all blank boxes where applicable.*

*School Name School Address*

- |  |                          |
|--|--------------------------|
| Has the applicant ever repeated a grade?                       | <input type="checkbox"/> |
| Has the applicant ever been suspended or expelled?             | <input type="checkbox"/> |
| Has the applicant been tested for or currently has an I.E.P. ? | <input type="checkbox"/> |
| Has the applicant been tested for or currently has a 504 ?     | <input type="checkbox"/> |

*Yes or No*  
*Please explain any "Yes" answers on the back-side of this paper or provide test results where applicable.*

## Family Information *Please print in all blank boxes where applicable.*

### Father or Male Guardian:

Name:

Address:

*Relationship*

*Email*

*Home Phone*

*Cell Phone*

*Work Phone*

*Church Name*

*Denomination*

*Marital Status*

*Birth Date*

***Enter Yes or No to the Following:***

*Custody*

*Financial  
Responsibility*

*Can Pick Up*

*Correspondance*

### Mother or Female Guardian:

Name:

Address:

*Relationship*

*Email*

*Home Phone*

*Cell Phone*

*Work Phone*

*Church Name*

*Denomination*

*Marital Status*

*Birth Date*

***Enter Yes or No to the Following:***

*Custody*

*Financial  
Responsibility*

*Can Pick Up*

*Correspondance*

## Grandparent Information: *Please print in all blank boxes where applicable.*

Grandfather's Name:

Address:

*Email*

*Home Phone*

*Birth Date*

***Enter Yes or No to the Following:***

*Custody*

*Financial  
Responsibility*

*Can Pick Up*

*Correspondance*

Grandmother's Name:

Address:

*Email*

*Home Phone*

*Birth Date*

***Enter Yes or No to the Following:***

*Custody*

*Financial  
Responsibility*

*Can Pick Up*

*Correspondance*

## Emergency Contact Information: *Please print in all blank boxes where applicable.*

Call Order: **1**     
*First Name Last Name Relationship*

*Home Phone Cell Phone Work Phone*

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Call Order: **2**     
*First Name Last Name Relationship*

*Home Phone Cell Phone Work Phone*

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Call Order: **3**     
*First Name Last Name Relationship*

*Home Phone Cell Phone Work Phone*

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Call Order: **4**     
*First Name Last Name Relationship*

*Home Phone Cell Phone Work Phone*

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Call Order: **5**     
*First Name Last Name Relationship*

*Home Phone Cell Phone Work Phone*

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