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## ENROLLMENT APPLICATION

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Student Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Ethnicity:    \_\_\_Asian       \_\_\_Black       \_\_\_Hispanic       \_\_\_Native American       \_\_\_White

Primary Home Language: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Lives with (Circle) Both Parents           Mother/Father           Guardian

Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Does Your Child Have

- A current Individual Education Program?   Yes \_\_\_\_\_   No \_\_\_\_\_
- Disability?                                   SLD \_\_\_\_\_   Speech \_\_\_\_\_   Other \_\_\_\_\_

I affirm that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Administration Only*

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

New \_\_\_\_\_

Returning \_\_\_\_\_

SAIS ID#: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Entry Code: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Withdrawal Code: \_\_\_\_\_

Re-entry Date: \_\_\_\_\_

Re-Entry Code: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Withdrawal Code: \_\_\_\_\_