

ENROLLMENT FORM

TODAY'S DATE: _____

Student Information

Last (Legal) Name _____ First (Legal) Name _____ Middle Initial (Legal) _____

Birth date (Month/Day/Year) _____ / _____ / _____ Gender: M _____ F _____

Ethnic Group: White _____ Hispanic _____ Black _____ Native Am/Alaska _____ Asian/Pacific Islander _____ Other _____

Home Address _____ Apt. _____ City _____ State _____ Zip Code _____

Primary Phone # _____ Home/Cell (Circle one) Primary Email Address _____

Birth Place: City _____ State _____ Country _____

Who does the student live with?

Both parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Relative _____ Foster _____ Guardian _____

Family Information

Mother/Guardian Name _____ Mother/Guardian Email Address _____

Street Address _____ Apt. _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Name _____ Father/Guardian Email Address _____

Street Address _____ Apt. _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature of Parent/Guardian _____

LIST SIBLINGS:

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

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