

Application Date _____

Student Information:

Student's Name _____
(Last) (First) (M I)

Incoming Grade: _____ For Pre-K: ____ 3 yr. old ____ 3 day ____ 5 day Full or Half Days

Student's Date of Birth: ____ / ____ / ____ Gender: M F

Special Needs (Circle one): 504 plan IEP/ISP None

Food Allergies _____ Medical Allergies/Conditions _____

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(Last) (First) (M I)

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Food Allergies _____ Medical Allergies/Conditions _____

THE FOLLOWING INFORMATION IS USED TO COMPLETE REQUIRED STATE REPORTS

Student's Race/Ethnicity (Circle):

White/Caucasian African American/Black Asian/Pacific Islander American Indian Hispanic Other

Parent/Guardian Information:

Mother/Guardian's Name _____
(Last) (First) (M I)

Maiden Name _____

Address _____ City/Town _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Occupation _____ Employer _____ Work Phone _____

Religion _____ Church where you are a participating member _____

Father/Guardian's Name _____
(Last) (First) (M I)

Address _____ City/Town _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Occupation _____ Employer _____ Work Phone _____

Religion _____ Church where you are a participating member _____

If different, should correspondence be sent to both addresses? ____ Yes ____ No

Does your child have siblings? If so, please list name (s) and Birth date (s)
