School Term _____ Date_____

* * * * * * * * * * * STUDENT INFORMATION * * * * * * * * * * * * *

Name_____
            (Last)   (First)   (Middle)

Address_____

City_____ State _____ Zip_____

Telephone_____ Birth Date _____

Email Address _____
Place of
Birth_____
         (City)   (State)

Age_____ Sex _____ Grade to Enter _____

Last School Attended _____

      Address _____

Please indicate academic level of pupil's previous work:

    Excellent   _____   Average   _____
    Good   _____   Below Average _____

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes _____ No _____ Explain _____

_____

Please attach a copy of your child's most current report card and any IEP that is in effect, if applicable.

Has your child received immunizations?   YES   NO

Kindergarten and Pre-K needs to furnish a copy of their immunization record.

Family Physician _____ Ph# _____

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* * * * * * * * * * * FAMILY INFORMATION * * * * * * * * * * *

Father's Name _____

    Employer _____

    Position _____Business Ph# _____

Mother's Name _____

    Employer _____

    Position _____ Business Ph# _____

Marital Status: Married _____   Widowed _____
                   Divorced _____   Separated _____

Other Children in Family:

    Name _____ Age _____

    Name _____ Age _____

    Name _____ Age _____

If other school age children are not applying, please state reason:

_____

_____

How did you hear about our school? _____

_____

What is your reason for selecting our school? _____

_____

_____

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