

Student Information

FSI _____

Grade Level _____

Date of Birth ____/____/____

Home Phone () _____

Student Name _____
(Last) (First) (Middle)

Birthplace: City _____ State _____ Country _____

Is the student of Hispanic, Latino, or Spanish origin? Yes No

Race: White Black or African American Asian American Indian/Alaskan Native Native Hawaiian/other Pacific Islander

Home Address _____
(Street) (City) (State) (Zip Code) (Country)

Previous School Name _____ City _____ State _____ Country _____
 Public Private Charter

* Languages spoken: 1st _____ 2nd _____ 3rd _____

* Special Program: E.S.E. Gifted E.S.O.L.

* Is student reassigned to our school? Yes No If yes, what is the boundaried school? _____

* Statement of Bonifide Residence Yes No If yes, name of property owner or lessee _____

Parent/Guardian Information

Mother Guardian _____
(Specify Relationship)

Name _____

Check box and skip this gray section if same as student

Address _____
(Street)

(City) (State) (Zip Code)

Home Phone () _____

Cell Phone () _____

Work Phone () _____

E-mail _____@_____

Signature _____ Date _____

Father Guardian _____
(Specify Relationship)

Name _____

Check box and skip this gray section if same as student

Address _____
(Street)

(City) (State) (Zip Code)

Home Phone () _____

Cell Phone () _____

Work Phone () _____

E-mail _____@_____

Signature _____ Date _____