



PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY

Date of Application: _____ School Year: 2023-2024

Grade Entering: K-3 K-4 K-5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Student Information

☐ Male ☐ Female SS Number: _____ Date of Birth ____/____/____

Name: _____
Last First Middle Goes By

Address: _____ City _____ State _____ Zip _____

Last School or Daycare Attended _____ Church Attending _____

Child's Physician _____ Child lives with _____

For new students only: Does this student have an IEP, 504 Plan, or Psychological Evaluation on file with the previous school? Yes / No If yes, please provide a copy, if possible.

Parent 1

Name _____ ☐ Married ☐ Separated ☐ Divorced

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell #: _____ Work# _____

Email Address: _____ Employer _____

Parent 2

Name _____ ☐ Married ☐ Separated ☐ Divorced

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell #: _____ Work# _____

Email Address: _____ Employer _____

In case of emergency, if parents cannot be reached, please notify the following:

Name: _____ Relationship: _____

Home Phone: _____ Cell _____