



**PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY**

Date of Application: \_\_\_\_\_ School Year: 2024-2025

**Grade Entering:** K-3 K-4 K-5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**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 \_\_\_\_\_