

Apprentice Academy Student Enrollment Form

Student Information

Legal Name _____ / _____
Last First Middle Nickname

Physical address _____
House/Apt. Number Street City State Zip

Mailing Address(if different) _____
House/Apt. Number Street City State Zip

Home Phone _____

Male Female Date of Birth _____ Place of Birth _____
Month/Day/Year City/State/Country

Ethnicity: Hispanic Non-Hispanic
 Race: (select all that apply) American Indian Black Asian Hawaiian/Pacific Islander White

Child resides with _____

Legal Custodian _____ Relationship to Student
 Legal paperwork provided to school Yes No

Family Information

Father's Full Name _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Mother's Full Name (include maiden name) _____

Place of Birth (City/State/Country) _____ Deceased Yes No

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Highest Education level completed _____ E-mail address _____

Stepparent's, Legal Guardian's, or Sponsor's information (if applicable) Relationship to student _____

Name _____ Address _____

Home/Cell Phone _____ Employer _____ Business Phone _____ E-mail address _____

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Other Information

Emergency Contact _____					Pick up Child
(Other than parent) _____	Name	Relationship	Phone		Yes No
Emergency Contact _____					Yes No
(Other than parent) _____	Name	Relationship	Phone		Yes No
Emergency Contact _____					Yes No
(Other than parent) _____	Name	Relationship	Phone		Yes No

If someone does **not** have your permission to pick up your child, please list name and relationship.

Other children in the family (please note if the sibling is a stepsibling)

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions)

Permission to obtain medical attention Yes No

Medical Provider _____

Name	Address	Phone
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Dentist _____

Name	Address	Phone
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Please indicate the student's previous academic placement (if applicable)

Private School _____	Street Address, City, State, Zip
Name	
Charter School _____	Street Address, City, State, Zip
Name	
Public School _____	Street Address, City, State, Zip
Name	
Group Home/Institution _____	Street Address, City, State, Zip
Name	
Home School _____	Street Address, City, State, Zip

Date last attended previous placement _____ Grade _____
Month/Year

Is the student identified as a student with special needs and being served with a(n):

Individualized Education Program (IEP)	Yes	No	If yes, has a copy of the plan been provided?	Yes	No
Section 504 Plan	Yes	No	If yes, has a copy of the plan been provided?	Yes	No
Academically Gifted (AIG or TD)	Yes	No	If yes, has a copy of the plan been provided?	Yes	No

Has the child ever been retained? Yes No If yes, what grade? _____

Has the student ever left any school due to a Suspension or Expulsion? Yes No If yes, explain:

Transportation

Morning-student will arrive by Bus Car Walk Bike Afternoon-student will leave by Bus Car Walk Bike

Military Information

Does your child have any member of their immediate family serving in the US Armed Forces? Yes No

If yes, _____

Name	Relationship	Branch of military service
Name	Relationship	Branch of military service

Parent/Legal Guardian _____

Signature

Date