

## **NEW FAMILY APPLICATION**

This application must be completed in its entirety and approved by the administration before enrollment. A \$200 (\$100 for preschool families) non-refundable deposit is due at the time of submission.

ENROLLING PARENT'S	S NAME(S)														
Father (Print First, Last)								Mother (Print First, Last)							
ADDRESS Number				City State			Zip	Re	esident Public School District						
IOME PHONE ()EMAIL:						CH	CHURCH AFFILIATION			I					
REASON(S) FOR SENI	DING CHILD(RE	EN) TO THIS	S SCHOOL:												
CHILD #1															
STUDENT							_ M/F			_	AG	E			
LAST		FIRST		N	MIDDLE			SEX							
BIRTH DATE	E BIRTH PLACE CITY					PREVIOUS				JS SCHOOL					
CIRCLE GRADE ENTE	RING: Y5 K	3 DAY PR	OG 5 DAY	1 2	3	4 5	6 7	8							
DESCRIBE ANY SPECIAL OR PHYSICAL DISABILITI															
HAS THIS STUDENT EVE IF YES, PLEASE EXPLAIN							ANY SCH	HOOL?	<u></u>	NO	☐ YE	ΞS			
WITH WHOM DOES CH	HILD RESIDE?	Check One	)												
MOTHER and FA		E	MOTHER (			₹		FATH LEGA						☐ JOINT CUSTODY	
CHILD #2															
STUDENTLAST		FIRST		N	MIDDLE		_ M/F	SEX		_	AG	E			
BIRTH DATE	BIRTH	I PLACE				PRE	VIOUS S	CHOOL							
			CITY	5	STATE										
CIRCLE GRADE ENTE	RING: 3PS AM	OR PM	4PS AM OR	R PM Y	′5 K 3	OR 5 [	DAY 1	2	3	4	5	6	7	8	
DESCRIBE ANY SPECIAL OR PHYSICAL DISABILITI	. CIRCUMSTANC IES, MEDICATIOI	ES THAT MA N, LEARNING	Y HAVE AFFE DIFFICULTIE	ECTED YC ES, OR FR	OUR CHIL	D'S PER CHANG	FORMAN E OF SC	ICE IN S	SCHO( )	OL (IE	P, ILL	.NESS	3, EM 	OTIONAL	
HAS THIS STUDENT EVE IF YES, PLEASE EXPLAIN							ANY SCI	HOOL?		NO	☐ YI	ΞS			
WITH WHOM DOES CH	HILD RESIDE?	Check One	)												
	MOTHER and FATHER MOTHER and STEP-FATHER MOTHER AND ST				-MOTHER	₹	Н	FATHER ONLY LEGAL GUARDIAN(S)						JOINT CUSTODY	

## CHILD #3 **STUDENT** AGE \_ LAST MIDDLE SEX **FIRST BIRTH PLACE** BIRTH DATE PREVIOUS SCHOOL CITY STATE CIRCLE GRADE ENTERING: 3PS AM OR PM 4PS AM OR PM K 3 OR 5 DAY Y5 1 2 DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT MAY HAVE AFFECTED YOUR CHILD'S PERFORMANCE IN SCHOOL (IEP, ILLNESS, EMOTIONAL OR PHYSICAL DISABILITIES, MEDICATION, LEARNING DIFFICULTIES, OR FREQUENT CHANGE OF SCHOOLS). HAS THIS STUDENT EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO WITHDRAW FROM ANY SCHOOL? ☐ NO ☐ YES IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION. WITH WHOM DOES CHILD RESIDE? (Check One) JOINT MOTHER and FATHER MOTHER ONLY **FATHER ONLY** MOTHER and STEP-FATHER **FATHER AND STEP-MOTHER** LEGAL GUARDIAN(S) CUSTODY CHILD #4 STUDENT AGE \_ LAST **FIRST** MIDDLE SEX **BIRTH PLACE** BIRTH DATE PREVIOUS SCHOOL CITY STATE CIRCLE GRADE ENTERING: 3PS AM OR PM 4PS AM OR PM Y5 K 3 OR 5 DAY DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT MAY HAVE AFFECTED YOUR CHILD'S PERFORMANCE IN SCHOOL (IEP. ILLNESS, EMOTIONAL OR PHYSICAL DISABILITIES, MEDICATION, LEARNING DIFFICULTIES, OR FREQUENT CHANGE OF SCHOOLS). \_ HAS THIS STUDENT EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO WITHDRAW FROM ANY SCHOOL? ☐ NO ☐ YES IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION. WITH WHOM DOES CHILD RESIDE? (Check One) JOINT **FATHER ONLY** MOTHER and FATHER MOTHER ONLY MOTHER and STEP-FATHER FATHER AND STEP-MOTHER LEGAL GUARDIAN(S) CUSTODY **Statement of Agreement** The information provided on this application is accurate and complete. I understand that any deposit paid is non-refundable should I choose to withdraw this application. SIGNATURE OF ENROLLING PARENT(S): DATE: (Father) DATE: (Mother) For Office Use Only: Applic. Rec'd Deposit \$100/ \$200 Applic. Reviewed by Approved Parent Notified **Enrolled** Date: Check# Y/N Date: Date: