



STUDENT ENROLLMENT FORM

20 - 20

STUDENT INFORMATION

First Name		Last Name		Middle Name	Suffix
Nickname		Gender <input type="radio"/> Female <input type="radio"/> Male	Date of Birth (mm/dd/yyyy)	Grade	
Address (Street & House No.)		Apt. No.	City	State	Zip Code
Student Email	Home Phone	Work Phone		Cell Phone	
	City of Birth	State of Birth	Country of Birth		
Last School Attended	Last District Attended			State	

ETHNICITY

Is this student Hispanic/Latino (Please Check ONE):

Yes, Hispanic/Latino

No, not Hispanic/Latino

Student's Race (Choose ONE or more):

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

CURRENT SERVICES

COMMUNICATIONS

(Please select if applicable)

504 Plan ELL / Bilingual Special Education Eligibility

Does your family have access to a computer at home? Yes No

Does your family have access to internet at home? Yes No

SIBLINGS

First Name	Last Name	Date of Birth	Grade	School
1.				
2.				
3.				
4.				
5.				
6.				

RELIGIOUS AFFILIATION: CATHOLIC OTHER CORRESPONDENCE SENT TO: BOTH PARENTS MOTHER FATHER OTHER

PARENT HANDBOOK AND COMPUTER/INTERNET USE AGREEMENT
I HAVE READ THE ELECTRONIC COPIES AND AGREED TO THE TERMS SIGNATURE:

TUITION/FINANCIAL RESPONSIBILITY NAME:
Current plan (Circle): Full Payment Bi-annual LACS

Parent / Guardian Signature

Parent / Guardian Print Name

Date