

EduPreneurship Student Center

STUDENT INFORMATION

Student's Legal Name (Please Print):

Last _____ First _____ Middle _____ Gender: Male Female

Home Phone: () - Cell Phone: () - Work Phone: () - Other Phone: () -

Physical Address: Apt: City: State: **AZ** Zip:

City & State Student was born in: _____ Birth Date: _____

I am enrolling my child at ESC in the _____ grade for the **2019/2020** school year.

Name of siblings that will attend ESC:

Parent / Guardian Email:

FAMILY DATA

Name / Employer	Student Resides With?	Has Legal Custody?
Father/Step: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mother/Step: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Guardian: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOME LANGUAGE SURVEY

What is the primary language used in the home regardless of the language spoken by the student?

What is the language that the student first acquired?

What is the language most often spoken by the student?

RACE / ETHNIC BACKGROUND

Caucasian (White) Hispanic African American (Black) American Indian Alaska Native Pacific Islander Asian

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Enrollment Date: _____ Code: _____ SAIS #: _____ Entered in School Master: _____ Initials: _____

Withdrawn Date: _____ Code: _____ Re-Enrollment Date: _____ Code: _____ Entered in School Master: _____