

EduPreneurship Student Center

2011 / 2012 ENROLLMENT FORM

STUDENT INFORMATION

Student's Legal Name (Please Print):		Birth Date:	
Home Phone: ()	Cell Phone: ()	Other Phone: ()	
Physical Address:			
City:	State:	Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City & State Student was born in:			
I am enrolling my child at ESC in the _____ grade for the 2011 / 2012 school year.			
Name of siblings that will attend ESC:			
Parent / Guardian Email:			

DOCUMENTS

Please choose an answer next to each question below in regards to documentation that ESC will be receiving in the following topics for your child.	(Office Use Only)
Will ESC receive Special Education documentation from the previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
Will ESC receive Speech / Language documentation from the previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
Will ESC receive a 504-Accommodation Plan from the previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
Will ESC receive a copy of Child Custody agreement from the courts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
Will ESC receive a copy of Guardianship papers from the courts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know

FAMILY DATA

Full Name	Last	First	Student Lives With?	Has Legal Custody?	Place of Employment	Business Phone
Father						
Mother						
Step-Father						
Step-Mother						
Guardian						

HOME LANGUAGE SURVEY

What is the primary language of the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
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RACE / ETHNIC BACKGROUND

<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian
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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Withdrawn Date: _____ Code: _____ Re-Enrollment Date: _____ Code: _____ Entered in School Master: _____