



2008-2009 APPLICATION FORM

New Student
Re-Enrollment

Student's Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Date of Birth _____ Grade _____

Parent/Legal Guardian's Name _____

Student's Permanent Street Address _____ City _____ State _____ Zip Code _____

Student's Home Phone Number _____ Parent/Legal Guardian's Work Phone Number _____

Parent/Legal Guardian's mailing address, if different from student's address _____

Street Address _____ City _____ State _____ Zip Code _____

Employer _____ Occupation _____

Work Address _____ City _____ State _____ Zip Code _____ Email Address _____

PARENT/LEGAL GUARDIAN INFORMATION:

What is the best way to contact you? Home Phone Cell phone Pager

Work Phone Email address

Work Schedule: Day Night

Mother's Name _____ Father's Name _____

Driver's License/ Social Security _____ Driver's License/Social Security _____

Work Phone _____ Home Phone _____ Work Phone _____ Home Phone _____

Cell Phone/Pager _____ Cell Phone/Pager _____

Work Address _____ Work Address _____

Occupation/Title _____ Occupation /Title _____

Email Address _____ Email Address _____

EMERGENCY CONTACT INFORMATION:

1ST Emergency Contact Name / Number _____ 2ND Emergency Contact Name / Number _____

Gender of Child: Male Female

Ethnicity: Anglo Native American Hispanic African American Other

Health concerns: _____

Physician: _____ Contact Number: _____ Preferred Hospital: _____