

NEW STUDENT APPLICATION

STUDENT INFORMATION

STUDENT _____ STUDENT ID# _____
HOME SCHOOL _____ DATE ENTERING DISTRICT _____
DATE OF BIRTH _____ GENDER _____ GRADE _____
COUNTRY OF BIRTH _____ RACE _____ LANGUAGE _____
STUDENT EMAIL _____

HOUSEHOLD INFORMATION

PHYSICAL ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ PHONE TYPE (check one) Home Cell Work
RESIDENCE TYPE (check one) Own Rent Lease Trailer Park/Condo Unit

CONTACT INFORMATION

PARENT/GUARDIAN NAME 1 _____
GENDER (check one) M F RELATIONSHIP TO STUDENT _____
PHONE NUMBER _____ PHONE TYPE (check one) Home Cell Work
PARENT/GUARDIAN 1 EMAIL _____

PARENT/GUARDIAN NAME 2 _____
GENDER (check one) M F RELATIONSHIP TO STUDENT _____
PHONE NUMBER _____ PHONE TYPE (check one) Home Cell Work
PARENT/GUARDIAN 2 EMAIL _____

COURSE INFORMATION

STUDENT'S 1st COURSE SELECTION _____
STUDENT'S 2nd COURSE SELECTION _____
ELL COURSE REQUEST _____