



2013-2014 Enrollment Application

| STUDENT INFORMATION | | | |
|---|---|---|--|
| Student's Full Legal Name: | | | |
| First: | Middle: | Last: | |
| Date of Birth: | Age: | | |
| | M <input type="checkbox"/> F <input type="checkbox"/> | Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian | |
| Grade for Fall 2013: | Gender: <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other |
| PREVIOUS SCHOOL INFORMATION | | | |
| School Name: | | | |
| Address: | | | |
| City: | State: | Phone: | |
| Does your child have any diagnosed or suspected learning disabilities or special education requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please explain: | | | |
| Student Information for School Promotions: All of The New Standard students have access to the internet through school-supervised computer usage. Please check the box of your preference to access to the internet. Please refer to the school's Acceptable Use Policy pertaining to computers and the internet. <input type="checkbox"/> I give permission for my child to have school-supervised internet access <input type="checkbox"/> I do not give permission for my child to have school-supervised internet access | | | |
| SIBBLINGS ENROLLED AT THE NEW STANDARD: | | | |
| Name: | Grade: | Name: | Grade: |
| Name: | Grade: | Name: | Grade: |
| Name: | Grade: | Name: | Grade: |
| PARENT CONTACT: | | | |
| Mother's Name: | | | |
| Address: | | City: | Zip Code: |
| Home Phone: | Cell Phone: | Alternate Phone: | |
| Father's Name: | | | |
| Address: | | City: | Zip Code: |
| Home Phone: | Cell Phone: | Alternate Phone: | |
| Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent | | | |
| EMERGENCY CONTACT(S): | | | |
| Name: | Phone: | Relation to Student: | |
| Name: | Phone: | Relation to Student: | |
| Name: | Phone: | Relation to Student: | |
| | | | |
| Parent Signature: | | Date: | |