



STUDENT ENROLLMENT APPLICATION

Office use only

Date of Application: _____
 Parent Meeting: _____
 1st Lab Fee: _____

To be completed, signed, and placed on file by the first day, updated as changes

APPLYING FOR:		<input type="checkbox"/> Online public school	<input type="checkbox"/> Homeschool	Grade: _____
<input type="checkbox"/> Applied w/ school your child attends		<input type="checkbox"/> Applied to Dept. of Non- Public Education		
Student's Name: _____			Date of Birth: / /	
Address: _____		State: _____	Zip Code: _____	
FAMILY INFORMATION				
Name Parent/Guardian: _____		Relationship: _____		
Address: (if different from child's)				
Home Phone: _____		Cell Phone: _____	Best Daytime Contact #: _____	
Email: _____				
Name Parent/Guardian: _____		Relationship: _____		
Address: (if different from child's)				
Home Phone: _____		Cell Phone: _____	Best Daytime Contact #: _____	
Email: _____				
Contacts				
<i>The student will be released only to the parents/guardians listed above. The student can also be released to the following individuals, as authorized by the person who signs this application. The individual must provide ID. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.</i>				
Name		Relationship	Phone Number	
Student Academic History				
<i>Please list all schools your child has attended starting with preschool. Also, list any behavioral concerns, detention or expulsion that accord while attending listed schools.</i>				
School Name		Behavioral	Year(s) attended	
FAITH				
Name of Church Attending: _____		Pastor: _____		Length: _____