



VISIBLE MEN  
ACADEMY



## Student Enrollment Application

Today's Date \_\_\_\_\_

School Year \_\_\_\_\_

### Student Information

Name of Student *(first, middle, and last)* \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth *(m/d/y)* \_\_\_\_\_ Gender:  Male  Female

Current School Name & District \_\_\_\_\_ Current Grade \_\_\_\_\_

Race/Ethnicity *(optional)*  African American  Asian  Filipino  Hispanic  
 Native American  Pacific Islander  White  Multiracial  Other \_\_\_\_\_

### Parent/Guardian Contact Information

Primary Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

### Other Parent/Guardian Name

Other Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

### Additional Student Information *(This information is for planning purposes only and will not affect enrollment)*

Which of the following programs has your child been a participant?

- Special Education  Limited English Proficiency/Bilingual  Free/Reduced Lunch

Is there any other information you would like VMA to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*PLEASE NOTE - This application does not guarantee your child's acceptance into Visible Men Academy. A professionally conducted lottery selection process will be utilized to admit eligible students if more applications than allotted seats are received. If your child is selected, you will be notified by mail. Thank you!*