

Family Enrollment Application

1. Family Information

Total Family Size _____ # of Adults _____ # of Children (under 18) _____

Street Address _____

City _____ State _____ Zip code _____ - _____

2. Adult Information (living in the home and responsible for the child)

A. Name _____ **Phone** _____ **OK to text?** Yes No

Email address _____ **Preferred Language** _____

Mother Step-mother Father Step-father Foster Parent Guardian Other _____

Are you a student? Yes No **Name of School** _____ **Student ID#** _____

Are you employed? Yes No **Name of Employer** _____

Are you currently on active US Military duty? Yes No, National Guard or Military Reserves? Yes No

Are you a single parent? Yes No **If no, provide second parent information next.**

B. Name _____ **Phone** _____ **OK to text?** Yes No

Email address _____ **Preferred Language** _____

Mother Step-mother Father Step-father Foster Parent Guardian Other _____

Are you a student? Yes No **Name of School** _____ **Student ID#** _____

Are you employed? Yes No **Name of Employer** _____

Are you currently on active US Military duty? Yes No, National Guard or Military Reserves? Yes No

3. Enrolled Child Information

Child Name _____ **Age** _____

Birthday _____ **Toilet-Trained?** Yes No **Sex** Male Female

Does this child have an IEP? Yes No **If yes, please provide a current copy.**

Race(s) (Check all that apply)

American Indian/Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White/Caucasian

Hispanic? Yes No **Child's Primary Language(s)** _____

Will this child also be enrolled at an elementary or other school? Yes No **If yes, answer following questions, if no skip to number 4.** **Name of School** _____

Grade Level _____ **School District** _____ **Track** _____

4. Siblings (List all other children living in the home under the age of 18)

Name _____ Sex male female Birth date _____

Name _____ Sex male female Birth date _____

Name _____ Sex male female Birth date _____

Name _____ Sex male female Birth date _____

Would you like to also enroll any of the siblings listed above? Yes No **If Yes, provide the following information for each child (use additional pages if needed). If no, skip to number 5.**

Enrolled Child 2

Child Name _____ **Age** _____

Birthday _____ **Toilet-Trained?** Yes No **Sex** Male Female

Does this child have an IEP? Yes No **If yes, please provide a current copy.**

Race(s) (Check all that apply)

American Indian/Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White/Caucasian

Hispanic? Yes No **Child's Primary Language(s)** _____

Will this child also be enrolled at an elementary or other school? Yes No **If yes, answer following questions, if no skip to number 4.** Name of School _____

Grade Level _____ School District _____ Track _____

Enrolled Child 3

Child Name _____ **Age** _____

Birthday _____ **Toilet-Trained?** Yes No **Sex** Male Female

Does this child have an IEP? Yes No **If yes, please provide a current copy.**

Race(s) (Check all that apply)

American Indian/Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White/Caucasian

Hispanic? Yes No **Child's Primary Language(s)** _____

Will this child also be enrolled at an elementary or other school? Yes No **If yes, answer following questions, if no skip to number 4.** Name of School _____

Grade Level _____ School District _____ Track _____

5. Parent/Guardian Signature(s)

Adult A _____ Date _____

Adult B _____ Date _____