



PRE-ENROLLMENT REGISTRATION

2008/2009 SCHOOL YEAR



Student Information

Students Legal Name: _____ Male Female

_____ *First* *Middle* *Last*

Birthdate: / / Address: _____

Grade: _____ Home Phone: _____ School District of Residence: _____

Previous School: _____ Reason for Transfer: _____

Has your child received Special Education Services? (if yes please check) IEP 504 Speech

What language is most frequently spoken in the home? _____ Teacher Requested: _____

Is your student an English Language Learner? _____ Referred By: _____

Does your student have any siblings currently enrolled in the program? _____

Name of sibling(s): _____ Ethnicity: _____

Parent/Guardian Information

Mother/Guardian _____ Father/Guardian _____

First/Last Name: _____ First/Last Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Best day/time to contact you: _____ Best day/time to contact you: _____

Email Address: _____ Email Address: _____

Learning Center Classes/ Tutoring

Are you interested in signing up for optional Learning Center Classes (Enrichment)?

K-6 Grade				7-8 Grade			
Monday	<input type="checkbox"/>	P.M.	<input type="checkbox"/>	T/Th	<input type="checkbox"/>	(9-4) Math	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	A.M.	<input type="checkbox"/>	Mon	<input type="checkbox"/>	Social Studies	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>			Wed	<input type="checkbox"/>	Language Arts	<input type="checkbox"/>
Thursday	<input type="checkbox"/>						

Would you be interested in our one-on-one tutoring? _____

What subject(s) would your child need tutored in? _____

What day/time would you be interested in? _____

Office Use

Date: _____ SST: _____

Dental Assessment Physical

Parent Signature: _____ Date: _____

