



Initial Student Application

Date: _____

Student's Legal Name: _____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Gender: _____ Date of Birth: _____ Grade Entering: _____

Last School Attended: _____ City/State: _____

Resident School District: _____

Father's Name: _____ SSN: _____

Home Address: _____ Phone: _____

Employer: _____ Phone: _____

Mother's Name: _____ Phone: _____

Home Address: _____ Phone: _____

Employer: _____ Phone: _____

Student Lives With: (Please circle one) Parents Father Mother Guardian Grandparents Foster

Other Children in the Home:

Name: _____ Gender: _____ Age: _____ Grade: _____

Name: _____ Gender: _____ Age: _____ Grade: _____

Name: _____ Gender: _____ Age: _____ Grade: _____

Parent/Guardian Signature: _____