

**APPLICATION FOR ADMISSIONS**

**2017-2018 School Year**

Office use only
<b>Reg. fee paid:</b>
Check #: _____
Amt. pd: _____
Date: _____
<input type="checkbox"/> SM <input type="checkbox"/> AC

\_\_\_\_\_ (Last Name) (First Name) (Middle Name)

Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: Female Male Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(please submit official birth certificate with application).

Place of Birth: \_\_\_\_\_

Name of Parent(s) or Guardian(s) with whom your child resides: \_\_\_\_\_

Relationship(s) \_\_\_\_\_

**Family Information:**

**Father's Full Name** (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Single

**Mother's Full Name** (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Single