



Student Enrollment Form

Parents, please provide the information about your child that is requested below.

Student's Name: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Parent Name: _____

Address (if different): _____

Parent's Email Address: _____

School: _____

Student's Grade: _____ Student's Date of Birth: __ __ / __ __ / __ __ __ __

Ethnicity:

- | | |
|--|---------------------------------|
| <input type="radio"/> Caucasian | <input type="radio"/> Asian |
| <input type="radio"/> African American | <input type="radio"/> Arabic |
| <input type="radio"/> Hispanic | <input type="radio"/> Bi-racial |
| <input type="radio"/> American Indian | <input type="radio"/> Other |

Lives With:

- Both parents
- One parent only
- Parent & step-parent
- Grandparent
- Other relative
- Foster family
- Other

Do you have a computer in the home?

- No
- Yes

If yes, do you have internet access?

- No
- Yes