

## 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 **Gender**  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 \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  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 **Gender**  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 **Gender**  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 \_\_\_\_\_