



New Student Enrollment Inquiry

Please Print Clearly and Fill Out Completely

STUDENT - 1

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /	Grade Applying For
Current/Last School	School District		

STUDENT - 2

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /	Grade Applying For
Current/Last School	School District		

STUDENT - 3

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /	Grade Applying For
Current/Last School	School District		

PARENT/GUARDIAN INFORMATION

Father Name	Mother Name				
Father Address	Mother Address				
Father Contact Information (Phones)			Mother Contact Information (Phones)		
Home	Cell	Work	Home	Cell	Work

Parent/Guardian Signature

Date

How did you hear about the school?

Door Hanger/Flyer
 Driving By/Sign
 Phone Book
 Direct Mail
 Word of Mouth
 Website
 Newspaper
 Sibling

Other: _____

Office Use Only

Date Received by School	School Official	Method of Inquiry: <input type="checkbox"/> Phone <input type="checkbox"/> Web <input type="checkbox"/> Walk In <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____
<input type="checkbox"/> Packet Picked Up by Parent/Guardian		<input type="checkbox"/> Packet Sent with Friend/Relative