



**Enrollment Interest Form - SY 2019-2020**

**Please Print Clearly and Fill Out Completely**

**STUDENT - 1**

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

**STUDENT - 2**

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

**PARENT/GUARDIAN INFORMATION**

<b>Father Name</b>			<b>Mother Name</b>		
<b>Father Address</b>			<b>Mother Address</b>		
<b>Father Contact Information (Phones)</b>			<b>Mother Contact Information (Phones)</b>		
<b>Primary</b>	<b>Cell</b>	<b>Work</b>	<b>Primary</b>	<b>Cell</b>	<b>Work</b>
<b>Email:</b>			<b>Email:</b>		

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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**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**

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