

STUDENT ENROLLMENT FORM 2019-2020

Student's Legal Last Name	First Name	Middle Name	Suffix	Grade
Date of Birth (<i>mm/dd/yyyy</i>)	Gender:		Student's Visa # (if applicable)	
Birth State	Birth Country		If Birth Country is not US, provide Date Entered US School:	
Student's Current Street Address — (<i>Include Bldg/Apt#</i>)			City, State, Zip Code	
Student's Permanent Address, if different than above			City, State, Zip Code	

Student's Cell Phone Number	Student's Current Email Address
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NOTE: This information is required by the U.S Department of Education.

Ethnicity (*check applicable box*) Hispanic OR Non-Hispanic

Race (*Check all that apply*) Asian or Indian Subcontinent Black/African American
 White: European, North African, Middle East Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native: Tribe _____

Please check any special services previously received:
 Special Education 504 Accommodation Gifted/Talented English Language Learner (ELL)

Home Language Survey – to be answer by the parent/guardian.
Responses to these questions will determine whether your student will be assessed for English language proficiency.

Question 1: What is the primary language used in the home regardless of the language spoken by the student? _____

Question 2: What is the language most often spoken by the student? _____

Question 3: What is the language that the student first acquired? _____

PARENT/GUARDIAN INFORMATION:

Please list adults responsible for student and relationship to student such as: father, mother, guardian, step-father, step-mother, grandparent, or write in another relationship. Add contact information, check appropriate boxes, and any additional comments to the right.

Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: <input type="checkbox"/> No Text Messages* Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: <input type="checkbox"/> No Text Messages* Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: <input type="checkbox"/> No Text Messages* Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: <input type="checkbox"/> No Text Messages* Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	

***IN ADDITION TO PHONE CALL AND E-MAILS, THE SCHOOL MAY CONTACT YOU WITH INFORMATION VIA TEXT MESSAGING, UNLESS YOU CHECK THE BOX, "NO TEXT MESSAGES".**



SUPPLEMENTAL REGISTRATION INFORMATION

EMAILS

Parent(s)/Guardian Email Address(es). 1. 2. 3. 4.	All students will be provided a jordahlacademy.org email address. It will be mandatory to use this email address to communicate with teachers, students and staff.
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EDUCATIONAL HISTORY:

Student's Previous School Information	
Last School Attended: _____	Date: _____
School Type: <input type="checkbox"/> High School <input type="checkbox"/> 8 th Grade _____ <input type="checkbox"/> Other _____	
State and/or Country located: _____	
Comments: _____	

I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.

PARENT / LEGAL GUARDIAN SIGNATURE

Date