

STUDENT ENROLLMENT FORM 2020-2021

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	

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 as Indicated Here: Father, Mother, Step-Father, Step-Mother, Guardian, or Write in Other. Check appropriate boxes. Add additional parent/guardians on reverse side.

Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	<input type="checkbox"/> No Text Messages*	<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Enrolling Parent
Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	<input type="checkbox"/> No Text Messages*	<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Enrolling Parent
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***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".**

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SUPPLEMENTAL REGISTRATION INFORMATION

EMAILS

<p>Parent(s)/Guardian Email Address(es).</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>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.</p>
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EDUCATIONAL HISTORY:

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