**Valley Preparatory Academy**

**Student Enrollment Form**

Entry Code:

Entry Date:

Date entry posted in SMS

Date:\_\_\_\_\_\_\_\_\_\_\_\_ Initials

Withdrawal Code:

Withdrawal Date:

Date withdrawal posted in SMS:

Date:\_\_\_\_\_\_\_\_\_\_\_\_ Initials





New □ Returning □ School Year:

If your child currently has an IEP, you must submit a copy with this application.

*Please Print.*

***STUDENT INFORMATION*: GRADE\_\_\_\_\_\_\_\_\_ GENDER:** M **□** F **□**

**LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME**

**DATE OF BIRTH: MO.\_\_\_\_\_\_\_\_DAY\_\_\_\_\_\_\_YR.\_\_\_\_\_\_\_\_\_\_BIRTH STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH COUNTRY:**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET (APT. #) CITY STATE ZIP CODE**

**MAILING ADDRESS IF DIFFERENT FROM ABOVE:**

**P.O. BOX or STREET # CITY STATE ZIP CODE**

**HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S MAIDEN NAME:**

**STUDENT CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT E-MAIL ADDRESS:**

***MOTHER OR GUARDIAN***

**STUDENT LIVES WITH: □ MOTHER □ GUARDIAN □ STEP-PARENT □ FOSTER PARENT □ OTHER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ FULL CUSTODY □ JOINT CUSTODY**

**LAST NAME FIRST NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE CELL PHONE WORK PHONE EMPLOYER**

**ADDRESS (If different from student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL ADDRESS CITY STATE ZIP CODE**

**EMAIL ADDRESS**

***FATHER OR GUARDIAN***

**STUDENT LIVES WITH: □ FATHER □ GUARDIAN □ STEP-PARENT □ FOSTER PARENT □ OTHER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ FULL CUSTODY □ JOINT CUSTODY**

**LAST NAME FIRST NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE CELL PHONE WORK PHONE EMPLOYER**

**ADDRESS (If different from student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL ADDRESS CITY STATE ZIP CODE**

**EMAIL ADDRESS**

***ETHNICITY / RACE* PART A – Is the Student Hispanic or Latino? – YES □ NO □ (Choose One Only)**

**PART B – What is the Students Race (Select one or more) □ American Indian / Alaska Native**

**□ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ White**

**Has this student ever been expelled? □ YES □ NO School**

**Has this student ever been suspended? □ YES □ NO School**

**If this student was enrolled in any school during the current or past school year, list the school and enrollment dates below:**

**Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_ School Year: \_\_\_\_\_/\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_**

**Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_ School Year: \_\_\_\_\_/\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_**

**Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_ School Year: \_\_\_\_\_/\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_**

**What is the primary language used in the home regardless of the language spoken by the student?**

**What is the language most often spoken by the student? (Choose one) □ English □ Spanish □ Other (identify)**

**What is the language the student first acquired? □ English □ Spanish □ Other (identify)**

***emergency information***

**We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential and in your child’s folder.**

**Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)**

**1. Name: Relationship: Phone:**

**2. Name: Relationship: Phone:**

**Preferred:**

**Hospital:**

**Doctor: Phone:**

**In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)**

**COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.**

**Please check the following, if any apply to the student.**

**Frequent colds Tires Easily Frequent sore throats**

**Frequent headaches Nosebleeds Frequent stomach aches**

**Persistent cough Frequent toothache Persistent hoarseness**

**Asthma Frequent pains in limbs Runny nose**

**Heart condition Seizures/Epilepsy Bleeding Disorders**

**Diabetes (Type I or Type II) Orthopedic Problem Frequent Ear Infections**

**Allergies (Please list below)  
   
List all Current Medications Below**

**Does the student have any health problems or chronic illnesses at this time? If yes, please explain:**

**Does the student wear glasses or contacts? Does the student have a hearing problem?**

**Please note any immunizations the student has received within the past 12 months.**

**ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.**

**Parent/guardian completing the enrollment application:**

**SIGN HERE NAME: SIGNATURE: DATE:**