



STUDENT ENROLLMENT FORM

_____ (legal last name) _____ (legal first name) _____ (nickname) _____ (middle name)

Student lives with (Please circle one) both parents same household mother father 50/50 other _____

Has this person lived in Neenah previously? _____ Has this person been expelled (or is pending expulsion) in another district? Y or N
If so, please list the district _____

Gender (Please circle one): M or F Birth Date ___/___/___

For Office Use Only
Birth Certificate
Parent Statement
Initials: _____

Is this student Hispanic or Latino? ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

Race (circle all that apply; you must choose at least one):
American Indian or Alaska Native Asian Black Native Hawaiian or Other Pacific Islander White

What is this student's Ethnicity (write one) _____

Primary languages spoken _____

What language did your child speak when he/she first began to talk? _____ What languages does your child speak at home? _____ What languages do you or other parent/guardians use when speaking to this student? _____

Birth City _____ Birth County _____ Birth State _____

This person is enrolling at (School) _____ Grade _____ Start Date _____

I wish to apply for enrollment at Alliance Charter School YES NO (circle one)

Deadline for applying to Alliance Charter Elementary School is February 26, 2010

Transferring from (School) _____ City _____ State _____

EMERGENCY CONTACT: (if parent/guardian cannot be reached)
_____, _____, _____
(last name) (first name) (middle name)
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to student _____

Has this person received special program/special education services? _____ If yes, please list the type of disability (for example: SLD, ED, CDS, etc.) _____

Please list any medical conditions (For example: ADD/ADHD, Allergies, Asthma, Diabetes, Mental Health, Cardiac, Neurological, Seizure, Orthopedic, Vision/Hearing Conditions, Activity Restrictions) _____

Are medications to be taken at school? Y or N If so, please list. _____

Immunizations received last year _____ Date _____
_____ Date _____
_____ Date _____

I verify that all information is complete and accurate _____ Date: _____
(Signature of parent/guardian)