

**KINDERGARTEN 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*

**Gender** (Please circle one) **M** or **F** Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ethnicity** (Please circle one) **Asian Black Hispanic American Indian White**

**Primary languages spoken:** \_\_\_\_\_

**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:** (circle one) **YES NO**  
*Deadline for applying to Alliance Charter School is February 22, 2008*

**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)

Is an emergency plan needed? (circle one) **YES NO**

**\*\*I verify that all information is complete and accurate:** \_\_\_\_\_  
*(parent signature, date)*

Revised 12/26/2007  
WLS  
IC

**[For Office Use Only]**

Hospital Record  
Birth Certificate  
Parent Statement Initials \_\_\_\_\_

BC IR