# STUDENT ENROLLMENT FORM

**Pupil Name**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Parent’s/Guardian’s names:**

**Mailing address:**

**Physical address:**

**Phone Numbers:**

<table>
<thead>
<tr>
<th>HOME</th>
<th>WORK</th>
</tr>
</thead>
</table>

**Pupil’s age**

**Date of Birth**

**Grades completed**

**Name of last school attended**

**Address of last school attended**

*Please provide a copy of student’s Birth certificate & Immunization record.*

Please explain anything about the student that you feel the school should be aware of concerning health, special classes, strengths or weaknesses as a learner, etc. All information will be kept strictly confidential.

**Grade Assigned**

**Parent/Guardian Signature**

**Legal Registrar’s Signature**

Tlv. 07/27/28