

## STUDENT ENROLLMENT FORM

Student Name: \_\_\_\_\_

Gender: ☐ F= Female ☐ M= Male

Student Date of Birth (mm/dd/yyyy):   /   /

Please check one category that BEST describes the student's racial/ethnic background: (Check one Only)

☐ American Indian (Specify): \_\_\_\_\_

☐ Hispanic (Specify): \_\_\_\_\_

☐ Asian or Pacific Islander (Specify): \_\_\_\_\_

☐ White: \_\_\_\_\_

☐ Hmong: \_\_\_\_\_

☐ Other (Specify): \_\_\_\_\_

☐ Black (Specify): \_\_\_\_\_

Is the student repeating this grade? ☐ Yes ☐ No.

The last school the student previously attended can be categorized as: (Check one Only).

☐ Public School transfer ☐ Private School transfer Other ☐ Please specify: \_\_\_\_\_

I authorize New Century School to request all previous school records: \_\_\_\_\_

Parent Signature

Languages spoken in the home: \_\_\_\_\_

Has your student taken a standardized test and determined to be Gifted? ☐ Yes ☐ No

My son or daughter previously qualified for the following lunch status: (Check one Only)

☐ F = Free lunch

☐ P = Full pay

☐ R = Reduced-price lunch

Custody/Guardianship: Both parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other (specify) \_\_\_\_\_

### Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_