

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)

- | | |
|---|--|
| <input type="checkbox"/> American Indian (Specify): _____ | <input type="checkbox"/> Hispanic (Specify): _____ |
| <input type="checkbox"/> Asian or Pacific Islander (Specify): _____ | <input type="checkbox"/> White: _____ |
| <input type="checkbox"/> Hmong: _____ | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> 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: _____