

Student Enrollment Form

FORM 1

(New Students or if you did not receive a SASI FORM in the mail)

Student Information

Legal Last Name: _____
Legal First Name: _____
Middle Name: _____
Preferred Last, First Name: _____
Street Address: _____
City, State, Zip: _____
Mailing Address: _____
City, State, Zip: _____
Home Phone: _____
Student ID #: _____
Date of Birth: _____
Place of Birth (City, State): _____
Gender: Male Female
Grade Level: _____
Social Security Number: _____
Primary Ethnicity: White/Caucasian Hispanic/Latino
 Native Hawaiian/other Pacific Islander Asian
 African American Amer. Indian or Alaska Native
 Opt not to designate a primary code
Secondary Ethnicity: White/Caucasian Hispanic/Latino
 Native Hawaiian/other Pacific Islander Asian
 African American Amer. Indian or Alaska Native
 Opt not to designate a secondary code
Is a language other than English spoken at home? Yes No
If yes, please complete FORM 7—Home Language Survey

Parent/Guardian Contact Information

Student's legal address is with which guardian? _____
Also send information to: _____
Mother's Name (Last, First): _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Street Address: _____
City, State, Zip: _____
Email: _____
Employer: _____
Active Military? Yes No

Advisor/Homeroom/Teacher: _____

Father's Name (Last, First): _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Street Address: _____
City, State, Zip: _____
Email: _____
Employer: _____
Active Military? Yes No

Other Guardian (Last, First): _____

Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Street Address: _____
City, State, Zip: _____
Email: _____
Employer: _____
Active Military? Yes No

Other Guardian (Last, First): _____

Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Street Address: _____
City, State, Zip: _____
Email: _____
Employer: _____
Active Military? Yes No

Alternate Emergency Contact Information

Alternate Contact Name: _____
Relationship to student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
2nd Alternate Contact Name: _____
Relationship to student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____