

COMMUNITY UNLIMITED/B.L.A.S.T.

"Bringing Learning Achievement Success Together"

STUDENT ENROLLMENT FORM

2010-2011

STUDENT INFORMATION

***Please note all fields with * are required**

FIRST		DATE	
LAST		ADDRESS	
BIRTHDATE		CITY	
COUNTY		STATE	ZIP
PHONE	GRADE	YEARS IN SCHOOL DISTRICT	
PARENT E-MAIL	AGE	<input type="checkbox"/> 1-3 YRS <input type="checkbox"/> 4-5YRS <input type="checkbox"/> 6-8YRS <input type="checkbox"/> 9 OR MORE YRS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> ARABIC <input type="checkbox"/> OTHER		
ETHNICITY/RACE: <input type="checkbox"/> White-2 <input type="checkbox"/> Black/African American-4 <input type="checkbox"/> Asian-5 <input type="checkbox"/> Hispanic/Latino-3 <input type="checkbox"/> American Indian or Native Alaskan-1 <input type="checkbox"/> Middle Eastern-6 <input type="checkbox"/> Native Hawaiian/Pacific Islanders-7			

EMERGENCY CONTACT WHEN PARENT IS NOT AVAILABLE

NAME			ADDRESS		
HM PHONE	WK PHONE	CELL PHONE	CITY	STATE	ZIP
NAME(S) OF PERSON OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED:					

STUDENT LIVES WITH:
 Both Natural Parents-A
 Mother Only-B
 Father Only-C
 Court Appointed-F

Legal Guardian-H
 Foster Home-G
 Mother/Step-Parent-D
 Father/Step/Parent- E

FATHER INFORMATION			MOTHER INFORMATION		
FIRST NAME			FIRST NAME		
LAST			LAST		
ADDRESS	IF DIFFERENT FROM STUDENT		ADDRESS	IF DIFFERENT FROM STUDENT	
CITY			CITY		
STATE	ZIP		STATE	ZIP	
PHONE			PHONE		
CELL PHONE			CELL PHONE		
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> ATTENDING SCHOOL			<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> ATTENDING SCHOOL		
EMPLOYER NAME			EMPLOYER NAME		
ADDRESS			ADDRESS		
CITY			CITY		
STATE	ZIP		STATE	ZIP	
WK PHONE			WK PHONE		

OTHER CHILDREN LIVING IN THE FAMILY

NAME		AGE		GRADE	
NAME		AGE		GRADE	
NAME		AGE		GRADE	