

RT:
PD:

Application for Admission 2010 - 2011

STUDENT INFORMATION:

GRADE APPLYING FOR: _____

NAME _____ Date _____
Home Address _____
City _____ State _____ Zip Code _____
Place of birth _____ Date of birth _____

NAME OF SCHOOL LAST ATTENDED: _____
City: _____ State: _____ Phone Number: _____

DOES YOUR CHILD HAVE ANY SPECIAL LEARNING, SPEECH, PHYSICAL, MEDICAL, OR BEHAVIORAL PROBLEMS? Yes [] No []
Explain: _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOOD OR MEDICATION?
Yes [] No []
Explain: _____

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS? Yes [] No []
Explain: _____

PARENT INFORMATION:

Father's Name: _____
Address: _____
Home Phone _____ CellPhone _____
Occupation: _____ Work phone number: _____
Father's e-mail address: _____

Mother's Name: _____
Address: _____
Home Phone _____ CellPhone _____
Occupation: _____ Work phone number: _____
Mother's e-mail address: _____

Applicant lives with: Father [] Mother [] Others please list: _____

IN ORDER FOR ISSD TO PROCESS THIS APPLICATION, ALL ITEMS MUST BE COMPLETED. A copy of the applicant's last report card must be attached to this application (not needed for kindergarten application). The minor applicant's parent, guardian, conservator or custodian must sign this application.

X _____ Date _____

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLLMENT