



NEW STUDENT INFORMATION FORM

Student Name (Last, First, Middle): _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female

Grade Level: _____

Home Phone: _____

Home Address: _____
(Street) (Apt. Number)

(City) (State) (Zip Code)

Expected Enrollment Date (mm/dd/yyyy): _____

Who Does Student Reside With: Mother Father Both
 Other _____

Primary Email Address: _____

Mother's Name (Last, First): _____

Mother Address: _____
(Street) (Apt. Number)

(City) (State) (Zip Code)

Mother's Cell Phone: _____ ()

Father's Name (Last, First): _____

Father's Address: _____
(Street) (Apt. Number)

(City) (State) (Zip Code)

Father's Cell Phone: _____ ()