

TOLBERT PREPARATORY ACADEMY ENROLLMENT FORM

Student ID #:	Grade applying for:	Fees Paid	Re-Enrollment Date	New Enrollee Date	
Pupil Last Name		First Name		Sex	
D.O.B.					
Birth Certificate or Legal Name (If Different)	Language Spoken	Country or Citizenship		Racial/Ethnic Origin	
Home Address of Pupil			Zip Code	Home Phone	
Address Where Pupil Is Staying (If Different)			Zip Code	Phone (If Different)	
Name of School Pupil Last Attended		City	State	Date Last Attended	
Father's Name		Mother's Name			
Father's Place of Employment		Mother's Place of Employment			
Father's E-mail Address		Mother's E-mail Address			
Father's Employment number/cell phone:		Mother's Employment Number/cell phone:			
Pupil lives with (check box that applies): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister					
Name of Person with Whom Pupil Lives (if Not Parent)					
Check all that apply: <input type="checkbox"/> Regular Ed. <input type="checkbox"/> Special Ed. <input type="checkbox"/> Bilingual <input type="checkbox"/> Other					
Has this student had any academic difficulty?					
List below the names and ages of brothers, sisters, and any others under 20 years of age who are living in the home.					
Name	Age	Relationship	Current Grade	Applying for enrollment	School Attending
Emergency Data: To be used in an emergency if parent cannot be located					
Name		Address		Phone	
Relative					
Relative					
Neighbor					
Friend					
Physician					
In Extreme Emergency: If your child should become seriously ill or injured at school and the parent or physician cannot be reached within a reasonable length of time, may we have your permission to take appropriate action to see that the child gets emergency hospital care? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If you have a hospital preference please indicate _____					
If student is currently riding the bus please give bus route and time.					
Signature of Parent or Guardian:					