



INITIAL ENROLLMENT APPLICATION 2018-2019 School Year

I. Basic Student Information

Grade Enrolling (circle one): K 1 2 3 4 5 6 7 8

Student's Name _____
LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

Preferred First Name _____

Birth Date _____
MONTH DAY YEAR

Street Address _____

City, State, Zip _____

Last School Attended _____
FOR RECORDS REQUEST ONLY

II. Parent/Guardian Information

Mother's Information _____
LEGAL LAST NAME LEGAL FIRST NAME

Address (if different from student) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Email Address _____

Father's Information _____
LEGAL LAST NAME LEGAL FIRST NAME

Address (if different from student) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Email Address _____

Signature of Parent/Guardian _____ Date _____

Healthy Start Academy does not discriminate in admissions on the basis of race, creed, gender, religion, ancestry, or national origin.