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# Application for Admission 2011 – 2012

**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 ISSUES? 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 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

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***