



# AMERISCHOOLS ACADEMY

## RE-ENROLLMENT FORM 2019-2020

### RETURNING STUDENT INFORMATION

*Please complete this section if your child will be returning to AmeriSchools Academy for fall.*

**1<sup>st</sup> Student's Legal Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2019-2020 Grade Level \_\_\_\_\_

Ethnicity: Hispanic/Latino  Yes  No Race: White  Black/African American  Asian  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander (If American Indian: TRIBE: \_\_\_\_\_)

What is the primary Language of the student? English  Spanish  Other  (Please specify : \_\_\_\_\_)

**2<sup>nd</sup> Student's Legal Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2019-2020 Grade Level \_\_\_\_\_

Ethnicity: Hispanic/Latino  Yes  No Race: White  Black/African American  Asian  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander (If American Indian: TRIBE: \_\_\_\_\_)

What is the primary Language of the student? English  Spanish  Other  (Please specify: \_\_\_\_\_)

**3<sup>rd</sup> Student's Legal Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ 2019-2020 Grade Level \_\_\_\_\_

Ethnicity: Hispanic/Latino  Yes  No Race: White  Black/African American  Asian  American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander (If American Indian: TRIBE: \_\_\_\_\_)

What is the primary Language of the student? English  Spanish  Other  (Please specify : \_\_\_\_\_)

### ADDRESS INFORMATION

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Preferred E-mail for School Newsletters:** \_\_\_\_\_

**Note: Emergency Alerts automatically send out to all phone numbers on file.**

Has your address changed in the Last 6 months? YES  NO

Student(s) lives with Both Parents  Mother (only)  Father (only)  Step Parent  Legal Guardian (with court documents)

Student(s) & Family reside in: Permanent Residence  Temporary Residence  Shelter/ Group Home

Student(s) is/are currently homeless: YES  NO

Student(s) or Family requests additional information regarding available services: YES  NO

### PARENT/GUARDIAN INFORMATION

**Mother/Legal Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Legal Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Work Phone  E-Mail Best time to Call: \_\_\_\_\_

Has any of the information above changed in the last 6 months? YES  NO  Is this a Step- Parent YES  NO

**Father/Legal Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Legal Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Work Phone  E-Mail Best time to Call: \_\_\_\_\_

Has any of the information above changed in the last 6 months? YES  NO  Is this a Step- Parent YES  NO

**EMERGENCY CONTACT INFORMATION**

Emergency Contact # 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May pick up from school: YES  NO

Emergency Contact # 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May pick up from school: YES  NO

Emergency Contact # 3 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May pick up from school: YES  NO

**Does your child have court restrictions regarding a parent/legal guardian contact?**  YES  NO

**Date of Order** \_\_\_\_\_ **Court Type** \_\_\_\_\_ **Order Locality** \_\_\_\_\_

*(Please provide copy of Court Documents)*

**SUMMER CONTACT INFORMATION**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***Do you have a new sibling who will be enrolling in our school next year?***  Yes  No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

My signature certifies that I am the parent or legal guardian and that the information provided herein is true, accurate and current.

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note that additional documents may need to be completed for your child’s enrollment at AmeriSchools for the 2019-20 school year. All paperwork must be complete and submitted before the first day of school. If your address changes during the summer, please contact the school office.***

***Office Use Only***

Return Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

New Sibling Enrollment  YES  NO Date sent \_\_\_\_\_