



AMERISCHOOLS ACADEMY

RE-ENROLLMENT FORM 2021-2022

RETURNING STUDENT INFORMATION

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

1st Student's Legal Name _____ Date of Birth _____ 2021-2022 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 : _____)

2nd Student's Legal Name _____ Date of Birth _____ 2021-2022 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: _____)

3rd Student's Legal Name _____ Date of Birth _____ 2021-2022 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 2021-2022 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 _____