**Student Pre-Enrollment Form**

**APPLICATIONS WILL BE PROCESSED ON A FIRST-COME FIRST-SERVE BASIS**

**ALL NEW PARENTS MUST ATTEND A NEW-PARENT ORIENTATION MEETING**

This is a Pre-Enrollment form, by filling this out it holds your place for the following school year. You will receive a letter telling you when to come in to fill out Enrollment forms.

Completion of the pre-registration form is a reservation for a spot but not a guarantee; we must ensure there is space available in the grade you have requested. The registrar for the school will call you and verify availability. If space is available, enrollment will be complete once all documents have been received upon your scheduled visit at the school and signed off on.

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| **STUDENT INFORMATION**  Welcome to EACI Freshmen Pre Enrollment | | | |
| Student's Legal Name (Last, First, Middle): | | Birth State: | Today's Date: |
| Home Address: | | |  |  |  | | --- | --- | --- | | City: | State: | Zip: | | |
| (Choose One)  Male  Female | | Home Phone Number | Birth Date (Month, Day & Year) |
| Language Spoken at Home: | SAIS # (if known): | Hispanic/Latino?: | Tribe (if Native American): |
| Ethnic Origin: (Select all that apply)  White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Other | | | |
| Last School Attended: | | Address of Last School: | |
| Grade This School Year (2018-2019): | Expected Grade Next Year (2019-2020): | Are you enrolling for the current semester or a future semester?: | |
| Where did you hear about Evelyn Ann Charter Institute?: | | | |
| **Did Student Receive Special Education Services at Previous School?**  YES  NO If Yes, Date of Last I.E.P.: | | **Has Student Been Suspended or Expelled from any School?**  YES  NO If Yes, Date & School: | |
| **FAMILY INFORMATION** | | | |
| Parent / Legal Guardian (Last, First, Middle): | | Father/Mother/Other (Specify Please): | Place of Employment: |
| Email Address: | Home Phone Number: | Work Phone Number: | Cell Phone Number: |
| Parent / Legal Guardian (Last, First, Middle): | | Father/Mother/Other (Specify Please): | Place of Employment: |
| Email Address: | Home Phone Number: | Work Phone Number: | Cell Phone Number: |
| Please list all other schools your child has attended.   |  |  |  | | --- | --- | --- | | NAME OF SCHOOL |  | ADDRESS | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | |

1. What is the primary language used in the home regardless of the language spoken by the student?  


2. What is the language most often spoken by the student? 

3. What is the language that the student first acquired? 

|  |  |
| --- | --- |
| SIGNATURE OF THE PARENT OR GUARDIAN | DATE |
|  |  |



Bottom of Form

Please bring copies of the following when you come to the school to complete your registration process:

**Legal Immunization Forms**  
**Withdraw Slip from Previous School**  
**Standardized Testing Results**  
**Birth Certificate or Social Security Card** (Copy for Our Files)  
**Special Education Records** (if applicable)  
**Legal Documents regarding status of Child’s Custody**