

Office Use Only
 SSID: _____
 School Year: _____

A+ Arts Academy Registration Form

Application Date: _____ Re/Enrollment Date: _____

STUDENT INFORMATION Name: _____

SSN: _____ - _____ - _____ Ethnicity: _____ African-American / Black, Non Hispanic
 _____ White, Non Hispanic
 _____ Asian, Pacific Islands
 _____ Hispanic
 _____ American Indian/Alaskan
 _____ Multiracial

Gender: Male Female

Birthday: _____

Enrollment Grade: K 1st 2nd
 3rd 4th 5th 6th 7th 8th

Previous School: _____

Home Language: Eng Spanish Other _____ Native Language: Eng Spanish Other _____

Does your child have an IEP? Yes No

PRIMARY FAMILY CONTACT INFORMATION

Parent/Guardian 1 Name: _____
 Relation: _____

Address 1:	Home Phone Number:
Address 2:	Cell Phone Number:
City, State Zip:	Email Address:

Place of Employment:	Work Phone Number:
Address:	Work Extension:
City, State Zip:	Occupation:

Parent/Guardian 2 Name: _____
 Relation: _____

Address 1:	Home Phone Number:
Address 2:	Cell Phone Number:
City, State Zip:	Email Address:

Place of Employment:	Work Phone Number:
Address:	Work Extension:
City, State Zip:	Occupation:

Sibling Information

Name	School	DOB / Grade

STUDENT EVALUATION

What are your child's strengths? _____

In what areas can your child improve? _____

BAND SIGN-UP (Grades 6-8 only)

Would your child like to sign up for Band? Yes No

Instrument:	<input type="checkbox"/> Piano
	<input type="checkbox"/> Trumpet
	<input type="checkbox"/> Saxophone
	<input type="checkbox"/> Clarinet
	<input type="checkbox"/> Flute
	<input type="checkbox"/> Drums
	<input type="checkbox"/> Strings (e.g. Violin)
	<input type="checkbox"/> Other: _____

Non-Discriminatory Policy: No one shall be denied admission to A+ Arts Academy because of race, religion, color, or national origin.