

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 |
|------|--------|-----|
| | | |
| | | |
| | | |

A+ Arts Academy Emergency Medical Authorization Form

Note: This form is used by A+ Arts staff when your student is taken on field trips.

Student's Name: _____ Re/Enrollment Date: _____

Primary Family Emergency Contact Information:

Parent/Guardian 1 Name: _____
Relation: _____
Primary Contact Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Parent/Guardian 2 Name: _____
Relation: _____
Primary Contact Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Other Emergency Contact Information:

Contact 1 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Contact 2 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Medical Provider Contact Information:

Physician Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Dentist Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Specialist Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Hospital/Clinic Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

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