

Office Use Only	Child's Name	Birth Location	Mother's Name	Father's Name	Birth Date	Date Entered U.S. Schools	Initials:

**Student SIBLING PRIORITY Enrollment Form – 21st Century Preparatory School
Student Information (PLEASE PRINT)**

 Last Name First Name Middle Name Gender (M/F) Birthdate

 CURRENT GRADE LEVEL _____

 Mailing Address City Zip Code

 Home Phone Number Cell Phone Work Phone

Student's Ethnic Origin:

Are you Hispanic or Latino? (*Choose one*) No, not Hispanic or Latino Yes, Hispanic or Latino

Select all of the following categories that apply to you: (You must select at least one of the following.)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Home Language Survey (please answer the following questions):

Is a language other than English spoken in the home on a regular basis? Yes No If Yes, what language(s): _____

Does the student use language other than English on a regular basis? Yes No If Yes, what language(s): _____

Is the student currently receiving "English Language Learner" services? Yes No

Family Information

Mother/Female Guardian Please circle one: **Biological** **Step Parent** **Foster Parent** **Legal Guardian**

 Last Name First Name Address (if different from above) Cell/Home Phone (circle one)

Father/Male Guardian Please circle one: **Biological** **Step Parent** **Foster Parent** **Legal Guardian**

 Last Name First Name Address (if different from above) Cell/Home Phone (circle one)

Please complete second page

Educational Information

Has student previously attended 21st Century Preparatory School? Yes No

Last school Attended (Racine Unified or other school): _____ Last Date Attended: ____/____/____ Last Grade Completed: _____

School Name Address (if not in Racine Unified) City State Zip Code

Does your child have a disability? If yes, please describe the disability:

Does your child receive any special services? If yes, please describe the service:

I certify to the best of my knowledge that all information on this form is correct.

Signature: _____ Date: ____/____/____

PLEASE ATTACH YOUR CHILD’S IMMUNIZATION RECORDS TO THIS ENROLLMENT FORM, YOU MUST DROP THEM OFF AT THE FRONT OFFICE, IN PERSON, WITH AN ORIGINAL BIRTH CERTIFICATE THAT MUST BE VERIFIED BY OFFICE STAFF BEFORE YOUR APPLICATION CAN BE ACCEPTED & PROCESSED – THANK YOU FOR YOUR COOPERATION

The 21st Century Preparatory School does not discriminate in admissions or deny participation in any program or activity on the basis of a person’s sex, race, religion, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.

PLEASE LIST INFORMATION FOR ALL STUDENTS LIVING IN YOUR HOUSEHOLD, INCLUDING THE STUDENT BEING REGISTERED

Student’s Last Name	Student’s First Name	Female/Male (circle one)	Date of Birth	Mark “X” if child is attending our school	Grade entering for 2012-2013 School Year	Mark “X” if entering Kindergarten	Mark “X” if entering 4K