Student Enrollment Form

FORM 1

(New Students or if you did not receive a SASI FORM in the mail)

Student Information

Statent information			Advisor/Homeroom/Teacher:
Legal Last Name:			Father's Name (Last, First):
Legal First Name:			Home Phone:
Middle Name:			Work Phone:
Preferred Last, First Name:			
Street Address:			Street Address:
City, State, Zip:			City, State, Zip:
Mailing Address:			Email:
City, State, Zip:			Employer:
Home Phone:			Active Military? Yes No
Student ID #:			
Date of Birth:			Other Guardian (Last, First):
Place of Birth (City, State):			Relationship to Student:
Gender: ☐ Male ☐ Female			Home Flone.
Grade Level:			Work Phone:
Social Security Number:			
Primary Ethnicity:	☐ White/Caucasian	☐ Hispanic/Latino	City, State, Zip:
		·	Email:
☐ Native Hawaiian/othe		☐ Asian	Employer:
☐ African American	☐ Amer. Indian or Ala	aska Native	Active Military?
Opt not to designate	a primary code		•
Secondary Ethnicity:	☐ White/Caucasian	☐ Hispanic/Latino	Other Guardian (Last, First):
☐ Native Hawaiian/othe	er Pacific Islander	☐ Asian	Relationship to Student:
☐ African American ☐ Amer. Indian or Alaska Native		aska Native	Home Phone:
_			Work Phone:
Opt not to designate a secondary code			Cell Phone:
Is a language other than English spoken at home? ☐ Yes ☐ No			Street Address:
If yes, please complete FORM 7—Home Language Survey			City, State, Zip:
Parent/Guardian Contact Information			Email:Employer:
Student's legal address is with which guardian?			Active Military?
Also send information to:			•
			Alternate Emergency Contact Information
Mother's Name (Last, First):			Alternate Contact Name:
Home Phone:			_ Relationship to student:
Work Phone:			Home Phone:
Cell Phone:			Work Phone:
Street Address:			
City, State, Zip:			Z Alternate Contact Name.
Email:			Relationship to student:
Employer:			Home Phone:
			Work Phone:
			Cell Phone: