

**Crittenton Youth Academy  
Student Enrollment Form  
School Year 2009-2010**

Primary Student Data					
Name (Last, First, M)			SAIS ID		
Date of Birth		State of Birth		Freshman Year	
				<input type="checkbox"/> 09-10 <input type="checkbox"/> 08-09 <input type="checkbox"/> 07-08	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Age	Country of Birth		<input type="checkbox"/> 06-07 <input type="checkbox"/> 05-06
				<input type="checkbox"/> Before 2005	
Last School Attended			If born out of country, has student attended one or more schools in any one		
Last Date of Attendance			or more states for more than 3 full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Student Ethnic Group	
<input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander   Tribal Name:	
<b>Has the student ever been identified and/or placed in a special education program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, does the student have a current IEP? (Please bring to enrollment interview)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the primary language of the student?</b>	

Contact Information					
<b>Primary Contact</b> (Last, First, M)		Relationship to student <i>(please circle)</i>		Parent   Guardian   Self Other:	
Street Address		Apt #	Okay to pick-up from school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State		Zip Code	Home Phone	Work Phone
Mailing Address (if different)				Cell Phone	Email Address
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Student lives with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Secondary Contact</b> (Last, First, M)		Relationship to student <i>(please circle)</i>		Parent   Guardian   Self Other:	
Street Address		Apt #	Okay to pick-up from school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State		Zip Code	Home Phone	Work Phone
Mailing Address (if different)				Cell Phone	Email Address
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Student lives with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any siblings attending this school		Parents are		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

Additional Contact Information			
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Do Not Complete - For Office Use Only							
Interviewer Initials		Official Entry Date		Official Withdrawal Date			
Entry Code		Date Entered in SDMS		Entered By			
Block	1	2	3	4	Scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WD Code