

**HOLLY ACADEMY**  
**A PUBLIC SCHOOL ACADEMY**  
**ENROLLMENT APPLICATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
Number Street

Telephone \_\_\_\_\_  
City State Zip Area Code & Number

**E-Mail Address:** \_\_\_\_\_ School Last Attended \_\_\_\_\_  
Name City, State

School District where you live: \_\_\_\_\_

How did you hear about the Academy (newspaper, friend, etc.): \_\_\_\_\_

Grade for Which Student is Enrolling at Holly Academy \_\_\_\_\_

Does Your Child Have a 504 Academic/Health Plan (epi-pen, asthma, etc) Yes \_\_\_\_\_ No \_\_\_\_\_

Does Your Child Have a Current I.E.P. (**Only pertains to Special Education Students**)

Yes \_\_\_\_\_ No \_\_\_\_\_

1. What language did your child first learn to speak? Is your child in ELP program? Yes \_\_\_\_\_ No \_\_\_\_\_  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Korean \_\_\_\_\_ Other \_\_\_\_\_

2. What languages are spoken in your child's home?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Korean \_\_\_\_\_ Other \_\_\_\_\_

**Has your Child ever been suspended or expelled from another school district** Yes \_\_\_\_\_ No \_\_\_\_\_

**Family Data**

| Father/Guardian         | Mother/Guardian       |
|-------------------------|-----------------------|
| Name of Parent(s) _____ | _____                 |
| Employer/Phone _____    | Employer/Phone _____  |
| Cell Phone _____        | Cell Phone _____      |
| Emergency Contact _____ | Emergency Phone _____ |

**Present living situation:**

\_\_\_\_\_ own home \_\_\_\_\_ renting home \_\_\_\_\_ shelter \_\_\_\_\_ motel/hotel \_\_\_\_\_ car \_\_\_\_\_ campsite/  
camper trailer park \_\_\_\_\_ with more than one family in a house/apt. due to a financial reason

**With Whom Does This Child Reside**

Parents \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Other \_\_\_\_\_

**OTHER SIBLINGS IN FAMILY**

\_\_\_\_\_ AGE  
\_\_\_\_\_ AGE

**SIBLINGS ATTENDING HOLLY ACADEMY**

\_\_\_\_\_ GRADE  
\_\_\_\_\_ GRADE

DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN OF REGISTERING CHILD

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer BOTH parts A and B.

Part A. **Is this student Hispanic/Latino?** (*check only one*)

**No, not Hispanic/Latino**

**Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*check one or more*)

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

**Black or African-American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_