

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 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. Is your child's native tongue a language other than English?
Yes ___ No ___ If yes, what is the language? Is your child in ELP program ___ Yes ___ No

2. Is the primary language used in your child's home or environment a language other than English?
Yes ___ No ___ If yes, what is the language?

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: _____