



**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

Email _____ School last attended _____
Name City, State

School district where you live _____ Grade for which your student is enrolling _____
School year for which your student is enrolling _____

Does your child have a 504 academic/health plan (epi-pen, asthma, etc) Yes _____ No _____
Does your child have a current IEP (only pertains to special education students) Yes _____ No _____

How did you hear about Holly Academy (newspaper, friend, etc.): _____
Did your Young 5 or Kindergarten student attend daycare/preschool? Yes _____ No _____
If yes, where did they attend? _____

1. What language did your child first learn to speak? English _____ Spanish _____ Other _____
2. What languages are spoken in your child's home? English _____ Spanish _____ Other _____
3. Is your child in an English Language Program (ELP)? Yes _____ No _____

Has your child ever been suspended or expelled from another school district? Yes _____ No _____

Family Data

Father/Guardian Mother/Guardian
Name of parent _____ Name of parent _____
Cell phone _____ Cell phone _____

Present living situation:

____ home ____ shelter ____ motel/hotel ____ transitional housing ____ unsheltered
____ with more than one family in a house/apt. due to a financial reason

With Whom Does This Child Reside

____ Father/Mother ____ Stepfather ____ Stepmother ____ Guardian ____ Foster ____ Other

SIBLINGS ATTENDING HOLLY ACADEMY

____ GRADE _____ GRADE _____
____ 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 indicating 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: _____