



**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

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.)? _____

Why are you choosing to enroll your student at Holly Academy? _____

Did your Young 5 or Kindergarten student attend daycare/preschool? Yes _____ No _____

If yes, where did they attend? _____

1. Is your child's native tongue a language other than English? Yes _____ No _____

2. Is the primary language used in your child's home or environment a language other than English? Yes _____ No _____

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: _____