



Enrollment Application

Student Information

Name: _____ Male/Female

Date of Birth: ____/____/____

Parent/Guardian Information

Name(s): _____

Address: _____

City/State/Zip: _____

Do you own or rent? (circle one)

Cell phone number: _____

Household Information

Number in household: _____

Monthly household income: _____

Food Stamp income: _____

Medicaid: Yes/No

Other assistance income: _____

Employer Contact Information

Currently employed: Yes/No

Employer Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

(Employment will be verified during the enrollment process.)

For School Use Only:
M/F _____ Age: _____

Scale: _____

Interview Set: _____

Interview Complete: _____