

Covenant Keepers Preparatory Charter School Enrollment Form

Date of enrollment ___/___/___ Grade___ SSN_____ State ID_____

Student's first name_____ Middle_____ Last_____

Date of birth___/___/___ City, State of birth_____,___ Gender M F

Language spoken at home:_____ Race: White Black Hispanic Asian Native American Other

Student considered homeless: Y N

Student is considered homeless under these circumstances: **1)** Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. **2)** Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. **3)** Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. **4)** Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described in this definition.

This school does not discriminate on the basis of race, color, national origin, gender, age, or qualified handicap.

Act 663 of 1999: "Any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed five hundred dollars (\$500)."

Parent/Guardian #1: Name_____ Home Phone:_____

Cell phone_____ Message phone_____

Address_____ City_____ Zip_____

Parent/Guardian #2: Name_____ Home phone:_____

Cell phone_____ Message phone_____

Address_____ City_____ Zip_____

Mailing address (if different from residential) _____ City_____ Zip_____

Parent/Guardian #1 employer_____ Phone_____

Parent/Guardian #2 employer_____ Phone_____

Stepfather/mother name_____ Phone_____

Stepfather/mother employer_____ Phone_____

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Student lives with: Both parent's Mother and Stepfather Father and Stepmother
 Mother only Father only Grandparents Guardian Non-Legal Guardian
 Foster Parents Orphanage Alone Spouse Homeless Institution

Legal Guardianship assigned to: Both Parents Father Mother Guardian

Please list any person (other than parent/guardian) who may pick up your child.

Name	Home phone/work phone	Address	Relationship to child
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List all siblings' ages 4-18 living in the home with the student:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name of emergency contact	Phone	Relationship to student
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1. _____

2. _____

In case of emergency, I give school officials permission to take my child to the nearest physician. Yes No

If no, please instruct us as to what to do in case of an emergency. Preferred hospital _____

Preferred Physician _____ Phone _____

Medication policy. Refer to the student handbook.

Is immunizations up to date? Yes No

Does this child have a Special Education plan? Yes No If yes, do you have a copy of the IEP?

Does this child have 504 documentation? Yes No If yes, do you have a current copy?

Has the child ever received any English as a Second Language (ESL) Services? If yes when _____

Please check any condition the student has:

Allergies _____	Seizures _____
Seasonal _____	Corrective Lenses _____
Food _____	Diabetes _____
Asthma _____	ADHD/ADD _____ Other _____

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Medications _____

Last School Attended: _____

Address: _____ City/State: _____ Zip Code: _____

Has the student been on suspension or expelled from another school? Yes _____ No _____

If yes, what is the reason? _____

What School? _____ What year? _____

Signature _____ Date _____