

School Name: **Voyager - A Public Charter School** Date application received: _____

STUDENT ENROLLMENT FORM 2015-2016 INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY	Student ID No.	School Tour	Notified	Accepted Date
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FOR SCHOOL USE ONLY

STUDENT PERSONAL DATA

Last Name: _____ Gender: M _____ F _____ Birth Date: _____
 First Name: _____ **Applying for Kindergarten:** _____ **Or Grade:** _____
must be 5 yrs. Old by July 31 for Kindergarten entry into the 2014-2015 school year
 Middle Initial: _____ Lineage: (Jr, II, III, etc.) _____
 Home Phone: _____ Cellular Number: _____ Unlisted: Yes _____ No _____

Residence (Identifiable location requires) _____ Number Street Apt. # _____ City State Zip code	Mailing Address: (if different from home address) _____ Number Street Apt. # _____ City State Zip code
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Not Homeless
 Homeless*
 Completed MVA packet

_____ Representative Signature
 _____ Parent/Legal Guardian Signature

****Homeless**** means an individual who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 SCS §11302(a)(1)) and includes:

- (i) 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 awaiting foster care placement.
- (ii) Children and youth who have a primary nighttime residence that is public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USC §11302(a)(2)(C));
- (iii) Children and youth who are living in cars, parks, public spaces abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095

PRESCHOOL EXPERIENCE	CURRENT SCHOOL ATTENDING
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Preschool Experience: Yes _____ No _____ If "Yes"-attended: _____ less than 6 months _____ between 6 and 12 months _____ more than 1 year	Name: _____ Current Grade: _____ Year: <u>2013-2014</u>
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PRIOR SCHOOL ATTENDED

Name: _____
 Address: _____

CITIZENSHIP

Country of Birth: _____ If Country of Birth is other than US, give year of arrival: _____
 If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____

US Citizenship: Yes _____ No _____ Alien Number: _____

LANGUAGE INFORMATION (For Demographic Purposes Only)

Language Codes: (Select a letter from the list and fill in the blanks below)

Student's First Acquired Language	Language Most Often Spoken at Home	Language Most Often Used by Student
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A - English F - Cebuno/Visayan K - Vietnamese Q - Fijian V - Pangasinan L - Other (Specify):
 B - Cantonese G - Hawaiian M - Chuukese R - Hmong W - Portugese
 C - Mandarin H - Japanese N - Pohnpeian S - Lao X - Spanish
 D - Ilocano I - Korean O - Cambodian T - Marshallese Y - Thai
 E - Tagalog J - Samoan P - Chamorro U - Pampango Z - Tongan

ETHNICITY INFORMATION (For Demographic Purposes Only)

Ethnicity Code: _____ (Select up to 2 choices from the list below and fill in the blank(s) to the left)

A - American Indian	D - Filipino	G - Japanese	J - Span, Cuba, Mex, Puerto Rican	M - Other (Specify):
B - Black	E - Hawaiian	H - Korean	K - Samoan	_____
C - Chinese	F - Part Hawaiian	I - Portuguese	L - White	N - Indo-Chinese (Camb, Viet, Lao)

PARENT/GUARDIAN CONTACT INFORMATION

**F
I
R
S
T**

Check One: Mr. Mrs. Ms. Other (specify) _____ Relation: _____

Last Name First Name Employer's Name

Home Phone # Cellular Phone # Work Phone # (include ext.) Email Address

Address (if different from student's)

Custody of child: Yes No Child lives with this contact: Yes No
If accepted for enrollment, parent must provide documentation of custody status if needed

**S
E
C
O
N
D**

Check One: Mr. Mrs. Ms. Other (specify) _____ Relation: _____

Last Name First Name Employer's Name

Home Phone # Cellular Phone # Work Phone # (include ext.) Email Address

Address (if different from student's)

Custody of child: Yes No Child lives with this contact: Yes No
If accepted for enrollment, parent must provide documentation of custody status if needed

OTHER INFORMATION

(Person to Notify In Case Of Emergency if First or Second Contact cannot be reached)

Check One: Mr. Mrs. Ms. Other (specify) _____ Relation: _____

Last Name First Name Employer's Name

Home Phone # Cellular Phone # Work Phone # (include ext.) Email Address

PHYSICIAN INFORMATION

Doctor's Name or Clinic Name

Office Phone #

Medical Insurance

SCHOOL SUPPLEMENTARY INFORMATION

Other Children in the Family:

	Name	Age	Name	Age
1.	_____	_____	3.	_____
2.	_____	_____	4.	_____

ADDITIONAL INFORMATION

The following questions are optional:

A. How did you hear about Voyager A Public Charter School?

Parent/Legal Guardian Signature: _____ Date: _____

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