# FRIENDS SELECT SCHOOL

# ENROLLMENT FORM FOR SCHOOL YEAR SEPTEMBER 2020 TO JUNE 2021

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| STUDENT INFORMATION | | | | | | | | | | | | |
| STUDENT NAME (last, first, middle – as on Social Security Card) | | | | | GRADE AS OF SEPT 2020 | | | | DATE OF BIRTH | | | GENDER |
| PRIMARY HOME ADDRESS  (Click if revised) PLEASE LIST ONLY ONE | | | | | | | | | PHONE  (Click if revised) | | | |
| PRIMARY EMAIL CONTACT ADDRESS  (Click if revised) | | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | STUDENT’S SCHOOL DISTRICT | | | | | | STUDENT’S PHONE (if different)  (Click if revised) | | | | |
| STUDENT SIBLINGS  (Click if revised) | | | | | | | | | | | | |
| NAME: | | | | DATE OF BIRTH: | | | SCHOOL ATTENDING: | | | | | |
| NAME: | | | | DATE OF BIRTH: | | | SCHOOL ATTENDING: | | | | | |
| FAMILY INFORMATION (Click here if home address/phone/fax is same for both parents and student) | | | | | | | | | | | | |
| PARENT NAME: | | | RELATIONSHIP TO STUDENT | | | PARENT NAME: | | | | RELATIONSHIP TO STUDENT | | |
| HOME ADDRESS  (Click if revised) | | | | | | HOME ADDRESS  (Click if revised) | | | | | | |
| HOME PHONE  (Click if revised) | | | | | | HOME PHONE  (Click if revised) | | | | | | |
| HOME E-MAIL  (Click if revised) | | | | | | HOME E-MAIL  (Click if revised) | | | | | | |
| CELL  (Click if revised) | | | | | | CELL  (Click if revised) | | | | | | |
| EMPLOYER  (Click if revised) | | | | | | EMPLOYER  (Click if revised) | | | | | | |
| OCCUPATION  (Click if revised) | TYPE OF BUSINESS | | | | | OCCUPATION  (Click if revised) | | | | | TYPE OF BUSINESS | |
| POSITION  (Click if revised) | | | | | | POSITION  (Click if revised) | | | | | | |
| BUSINESS ADDRESS  (Click if revised) | | | | | | BUSINESS ADDRESS  (Click if revised) | | | | | | |
| BUSINESS PHONE  (Click if revised) | | | | | | BUSINESS PHONE  (Click if revised) | | | | | | |
| BUSINESS E-MAIL  (Click if revised) | | | | | | BUSINESS E-MAIL  (Click if revised) | | | | | | |
| **IF ABOVE PARENT IS REMARRIED, PLEASE COMPLETE THE FOLLOWING:** | | | | | | | | | | | | |
| NAME OF STEP-PARENT: | | | | | | NAME OF STEP-PARENT: | | | | | | |
| HOME ADDRESS  (Click if revised) | | | | | | HOME ADDRESS  (Click if revised) | | | | | | |
| EMPLOYER  (Click if revised) | | | | | | EMPLOYER  (Click if revised) | | | | | | |
| OCCUPATION  (Click if revised) | TYPE OF BUSINESS | | | | | OCCUPATION  (Click if revised) | | | | | TYPE OF BUSINESS | |
| POSITION  (Click if revised) | | | | | | POSITION  (Click if revised) | | | | | | |
| BUSINESS ADDRESS  (Click if revised) | | | | | | BUSINESS ADDRESS  (Click if revised) | | | | | | |
| E-MAIL  (Click if revised) | | | | | | E-MAIL  (Click if revised) | | | | | | |
| BUSINESS PHONE  (Click if revised) | | | | | | BUSINESS PHONE  (Click if revised) | | | | | | |
| CELL  (Click if revised) | | | | | | CELL  (Click if revised) | | | | | | |

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| STUDENT LIVES WITH (check all/any that apply):  (Click if revised) | | |
| MOTHER  FATHER & STEPMOTHER  MATERNAL GRANDPARENT (specify name):  FATHER  MOTHER & STEPFATHER  PATERNAL GRANDPARENT (specify name):  FATHER & MOTHER  CO-PARENT/PARTNER (specify name):  OTHER (specify name and relationship to student):  DESCRIPTION OF SPECIAL LIVING SITUATIONS: | | |
| The following information helps us to be more accurate in our communications with you. Please check all that apply to your child. If these categories do not apply to your situation, please leave blank.  PARENTS MARRIED  PARENTS DIVORCED  MOTHER HAS CUSTODY  MOTHER DECEASED  SINGLE PARENT  PARENTS SEPARATED  FATHER HAS CUSTODY  FATHER DECEASED  DOMESTIC PARTNERS  PARENTS NEVER MARRIED  JOINT CUSTODY  OTHER (please explain): | | |
| MATERNAL GRANDPARENTS  (Click if revised) | PATERNAL GRANDPARENTS  (Click if revised) | |
| NAME | NAME | |
| ADDRESS (city/state/zip) | ADDRESS (city/state/zip) | |
| E-MAIL AND PHONE | E-MAIL AND PHONE | |
| NAME | NAME | |
| ADDRESS (city/state/zip) | ADDRESS (city/state/zip) | |
| E-MAIL AND PHONE | E-MAIL AND PHONE | |
| OPTIONAL PERSONAL INFORMATION  (Click if revised) | | |
| For statistical purposes, does your family wish to identify as a member of any of the following groups? Please check all that apply.  AFRICAN AMERICAN, BLACK  NATIVE AMERICAN OR ALASKA NATIVE  ASIAN AMERICAN  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER AMERICAN  HISPANIC AMERICAN OR LATINX  WHITE, EUROPEAN AMERICAN  MIDDLE EASTERN AMERICAN  MULTIRACIAL AMERICAN (explain):  OTHER (explain)  INTERNATIONAL  Primary language, if other than English: | | |
| RELATIVES WHO HAVE ATTENDED OR ARE GRADUATES OF FRIENDS SELECT SCHOOL  (Click if revised) | | |
| NAME, RELATIONSHIP TO STUDENT | | NAME, RELATIONSHIP TO STUDENT |
| GRADUATED  YES NO; IF YES, WHAT YEAR | | GRADUATED  YES NO; IF YES, WHAT YEAR |
| STUDENT OR PARENT(S) WHO ARE MEMBERS OF THE RELIGIOUS SOCIETY OF FRIENDS | | |
| NAME, RELATIONSHIP TO STUDENT, NAME OF MEETING  (Click if revised) | | |
| NAME, RELATIONSHIP TO STUDENT, NAME OF MEETING  (Click if revised) | | |
| PARENT MAILINGS SHOULD GO TO:  (Click if revised) | | BILLS SHOULD GO TO:  (Click if revised) |
|  | |  |
|  | |  |
| SIGNATURE | | DATE |