# FRIENDS SELECT SCHOOL

# ENROLLMENT FORM FOR SCHOOL YEAR SEPTEMBER 2019 TO JUNE 2020

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| STUDENT INFORMATION |
| STUDENT NAME (last, first, middle – as on Social Security Card) | GRADE AS OF SEPT 2019 | 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 | E-MAIL |
| NAME | NAME |
| ADDRESS (city/state/zip) | ADDRESS (city/state/zip) |
| E-MAIL | E-MAIL |
| 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) **[ ]**  INTERNATIONALPrimary 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 |