



**Booker T. Washington Academy
Student Application/Registration Form**

Name of Student _____
(First Name) (Middle Initial) (Last Name)

DOB _____ Age _____ Gender (circle one) : M F Entering Grade Level _____

Student's Address _____
(Street Address) (Apartment/Floor) (City, State) (Zip Code)

Student's Primary Phone Number _____ type of phone : ___ home ___ mobile

Student's Ethnicity and Home Language Survey :
please circle all that apply :
African American Hispanic American Indian Asian Caucasian Pacific Islander Other _____
What is the primary language used in the home, regardless of the language spoken by the student? _____
What is the language most often spoken by the student? _____
What is the language that the student first acquired? _____

Was your child previously enrolled at any other school located in the U.S.? _____

Name of school _____

Address of school _____

Student currently resides with _____ Alone _____ Parent _____ Foster Parent _____ Relative _____ Other (Please specify) _____
(Please check all that apply)

Name of Parent #1 _____

Name of Parent #2 _____

Do you have legal guardianship of this student? _____

Do you have legal guardianship of this student? _____

Place of Employment _____

Place of Employment _____

Primary Phone # _____

Primary Phone # _____

Email _____

Email _____

Is this student the subject of a court order? _____ Yes _____ No (If yes, please provide a copy to Front Desk / School Administration)

*****Legal Documentation is Required as Proof of Guardianship*****

Guardian Information (If Applicable)

Guardian's Name _____

Day Phone # _____

Home Phone # _____

Email: _____

Guardian Information (If Applicable)

Guardian's Name _____

Day Phone # _____

Home Phone # _____

Email: _____

Sibling Information

(please list sibling students who will also be attending Booker T. Washington Academy)

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

IEP & Special Services Information

Does your child receive IEP services? _____Yes _____No

If yes, do you have a copy of your child's IEP? _____Yes _____No

From what school / district did your child receive services?

Transportation Information

*****Scholars residing outside of the city are NOT eligible for district-provided transportation*****

Does your student need transportation? _____Yes _____No

(If yes, a transportation request needs to be completed)

Transportation Type: _____

Standard Transportation: _____

Special Education Transportation: _____

Please explain in detail any special circumstances _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Form Check By

Acceptance / Rejection/Waitlist

A R W

Waitlist #:

Reason For rejection:

School Year:

Date Rec'd Stamp