



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

Name of Student \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

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

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

Student's Mailing Address (leave blank if the same as above)  
\_\_\_\_\_  
(Street Address) (Apartment/Floor) (City, State) (Zip Code)

**Student's Ethnicity, Race and Home Language Survey : Please answer all required questions**

Is the student Hispanic or Latino? Yes or No

What is the student's race? please circle all that apply :

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White or Caucasian

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 \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Is this student the subject of a court order? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please provide a copy during Registration)

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

Name of Parent/Guardian #1  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Mobile/Home

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Name of Parent/Guardian #2  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Mobile/Home

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

**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

Does your child receive Special Education Transportation: \_\_\_\_ Yes \_\_\_\_ No

From what school / district did your child receive services?

\_\_\_\_\_

**Emergency Contacts**

Please only submit information for contacts who have your permission to pick up your child.

For additional contacts please submit on a separate sheet.

<b>Full Name</b> _____	<b>Full Name</b> _____
Gender M/F Relationship to student _____	Gender M/F Relationship to student _____
Primary Phone _____ Mobile/Home _____	Primary Phone _____ Mobile/Home _____
Email _____	Email _____
Street Address _____	Street Address _____
City, State & Zip _____	City, State & Zip _____

**Release for Use of Images**

I grant unto The Booker T. Washington Academy the permission to use my child's photographs and/or videotaped image. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs and images taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images. I understand and agree that The Booker T. Washington Academy may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# FOR OFFICE USE ONLY

Form Check By

Acceptance /Denied/Waitlist

**A D W**

*Date Rec'd Stamp*

Waitlist #:

Reason For denial:

School Year:

## REGISTRATION CHECKLIST

- Completed Student Application/ Registration Form
- Proof of Address (lease, utility bill or mortgage statement)
- Copy of Parent/Guardian Identification
- Copy of Student's Birth Certificate
- Copy of Student's Health/Immunization Records (blue form)
- Copy of Student's IEP (if applicable)
- Alternative Income Survey
- Completed Emergency Medical Form
- Completed District Registration

Does your child have or ever had a 504 plan? Yes/No

Do you seek continued accommodations? Yes/No