

AMS School Registration 2010-2011
Academy of Math and Science School

Student Information

Legal Name

(Last) _____ (First) _____ (Middle) _____

Mailing Address:

Address _____ City _____ Zip Code _____

Home Address (if different from above)

Address _____ City _____ Zip Code _____

Contact Info

Home: _____ Mom's Work: _____ Dad's Work: _____
 Cell: _____ Pager: _____ Parent's E-Mail: _____

Child's Information

Birth Date (M/D/Y) ___/___/___ Gender: Male Female Entering Grade Level _____

Is child on any medication? If so, please list them. _____

Family Information (Parent/Guardian/Sibling):

Name	Relationship	Student Resides with	Has Legal Custody	Place of Employment	Day Phone
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

SCHOOL LAST ATTENDED ↙ Private School ↙ Charter School ↙ Home-Schooling ↙ Public School

Private/Charter Name _____ or School and District _____

PLEASE CONTINUE INFORMATION ON BACK

For office use only

Records Requested:	Received:	Entry/Withdrawal RECORDS			
↙ Birth Certificate ↙ Medical Alert	↙ Immunization Completed ↙ Legal Alert ↙ Custody papers on file	<u>ENTRY</u>	<u>CODE</u>	<u>WITHDRAWAL</u>	<u>CODE</u>

We are required by the State to report the following information for all of our students.

Students' Race: (check one box only)

White Black American Indian/Alaskan Native

Hispanic Pacific Islander or Asian (includes Middle East)

Students primary Language _____

Primary Language spoken in the home _____

The Student's first acquired language _____

Is the student currently enrolled in programs such as Special Education, Gifted programs, Etc.?

YES NO If YES please state which and for what specific area(s):

Has the student previously been enrolled in Special Education, Gifted programs, Etc.? YES NO

If YES please explain _____

Does the student have a serious or disabling condition that may require accommodation or evaluation for Special Education? YES NO

If YES please explain _____

Is the student currently under the supervision of the Juvenile Court for prior criminal activity?

YES NO If YES please explain _____

Was the student expelled or long term suspended from previous schools attended?

YES NO If YES please explain _____

My signature below certifies the all of the following: (1) I am the parent or Legal guardian of this student; (2) This student resides with me; (3) All information given above is correct to the best of my knowledge; (4) AMS School has my permission to obtain school records from the schools attended.

Parent/Guardian Signature _____ Date _____