

**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 \_\_\_\_\_

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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 \_\_\_\_\_