



ENCOMPASS ACADEMY ENROLLMENT APPLICATION

STUDENT INFORMATION

NAME: • _____

PHYSICAL ADDRESS:

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DO YOU RECEIVE TEXTS? _____ (THERE ARE TIMES WHEN WE SEND MASS TEXTS TO PARENTS TO SAVE TIME AND PAPER)

BIRTHDATE: _____ AGE: _____ # SIBLINGS: _____

COUNTY OF RESIDENCE: _____

Last 4 digits of SS# _____

LAST GRADE COMPLETED: _____

TRANSFER FROM: PRIVATE/PUBLIC/HOMESCHOOL

REASON FOR TRANSFER:



PLEASE LIST ALL SCHOOLS PREVIOUSLY ATTENDED

SCHOOL NAME	DATES	ADDRESS	TRANSCRIPTS
-------------	-------	---------	-------------

Grade Levels Attended

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Grade 7	Grade 8	Grade 10	Grade 11	Grade 12	

HAS YOUR STUDENT BEEN ON A RECENT IEP, SPECIAL EDUCATION, OR FACILLITATED EDUCATION PROGRAM?

ARE THERE ANY ISSUES WITH BEHAVIOR AND/OR ACHIEVEMENT THAT WE SHOULD BE AWARE OF?

IS THERE ANYTHING YOU ARE PERSONALLY CONCERNED WITH DEALING WITH YOUR CHILD'S EDUCATION THAT YOU WOULD LIKE TO HAVE ADDRESSED?



PARENT INFORMATION

PARENT NAME

(mother): _____

(father): _____

MOTHER CELL: _____ WK: _____

FATHER CELL: _____ WK: _____

Parents Address If different from Student's. _____

Custodial Issues _____

EMERGENCY CONTACT

1ST CONTACT

NAME: _____

PHONE: _____

RELATIONSHIP TO CHILD: _____

2ND CONTACT

NAME: _____

PHONE: _____

RELATIONSHIP TO CHILD: _____



PLEASE BE AWARE IF THERE IS AN EMERGENCY OR AN ISSUE ARISES THAT WE NEED TO CONTACT YOU ABOUT YOUR CHILD AND WE ARE UNABLE TO REACH YOU OR YOUR EMERGENCY CONTACTS YOUR CHILD WILL NOT BE ALLOWED BACK INTO SCHOOL UNTIL A VERIFIABLE CONTACT IS LISTED.

STUDENT'S PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

IN CASE OF EMERGENCY WHO SHOULD WE ATTEMPT TO CONTACT FIRST::
MOTHER/ FATHER/ EMERGENCY CONTACT

Any Known Medical Issues?



PICK UP INFORMATION

IF YOU WANT TO AUTHORIZE ANYONE ELSE TO PICK UP YOUR CHILD YOU MUST LIST THEM HERE. WE DO NOT ALLOW THE STUDENTS TO GO WITH SOMEONE WE DO NOT HAVE PERMISSION FROM YOU TO BE WITH.

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

IF YOUR CHILD IS BEING PICKED UP EARLY A NOTE IS REQUIRED OR A PHONE CALL FROM A PARENT IS NEEDED IF IT IS UNPLANNED. THIS WILL BE STRICTLY ENFORCED AND WILL BE REFLECTED IN THE ATTENDANCE RECORDS.

ALL FORMS ARE DUE TEN DAYS BEFORE THE FIRST DAY OF SCHOOL. THE DISCIPLINE FORM, FINANCIAL CONTRACT, MEDICAL RELEASE AND ANY OTHER REQUIRED FORMS ARE REQUIRED FOR STUDENT TO BE OFFICIALLY ENROLLED. TUITION WILL BE PAID IN FULL BEFORE ANY TRANSCRIPTS ARE RELEASED UPON WITHDRAWAL. ALL FEES STATED TO BE DUE UPON THE RETURN OF THIS APPLICATION MUST BE PAID FOR IN FULL FOR THIS APPLICATION TO BE ACCEPTED.

BY SIGNING THIS APPLICATION YOU ARE IN AGREEMENT WITH ENROLLING YOUR CHILD IN ENCOMPASS ACADEMY. YOU ALSO UNDERSTAND THERE ARE **NO REFUNDS** FROM THIS POINT FORWARD UNLESS OTHERWISE STATED.

PARENT SIGNATURE: _____

DATE: _____



FOR OFFICE USE ONLY:

PAID REGISTRATION/ APPLICATION FEE _____

PAID BOOK FEE _____ GRADE LEVEL _____

TUITION PAID _____

SUPPLY FEE PAID _____

DOCUMENTATION MISSING/ COMPLETE/ AWAITING
