

Mexicayotl Academy
Student Enrollment Form
School Year 2019-2020

Primary Student Data				
Name (Last, First, M)				SAIS ID
Date of Birth		State of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age		Country of Birth	
Last School Attended		If born out of country, has student attended one or more schools in any one or more states for more than 3 full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Date of Attendance				

Student Ethnicity and Race				
Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native		
If Hispanic, you must also select a Race:		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander		
Has the student ever been identified and/or placed in a special education program?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the student have a current IEP? (Please bring to enrollment interview)				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?				

Contact Information				
Primary Contact (Last, First, M)				Relationship to student <i>(please circle)</i>
Street Address		Apt #	Parent Guardian Self Other:	
City		State	Zip Code	Home Phone
Mailing Address (if different)				Work Phone
				Cell Phone
				Email Address
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Secondary Contact (Last, First, M)				Relationship to student <i>(please circle)</i>
Street Address		Apt #	Parent Guardian Self Other:	
City		State	Zip Code	Home Phone
Mailing Address (if different)				Work Phone
				Cell Phone
				Email Address
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No

List any siblings attending this school		Parents are		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
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Additional Contact Information				
Additional Contact Name			Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Contact Name			Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Contact Name			Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Legal Guardian _____ Date _____

Do Not Complete - For Office Use Only				
Interviewer Initials		Official Entry Date		Official Withdrawal Date
Entry Code		Date Entered in SDMS		Entered By