

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				
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? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Last Date of Attendance					

Student Ethnicity and Race	
<i>Ethnicity:</i> Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No If Hispanic you must also select a <i>Race</i> :	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander

Contact Information				
Primary Contact (Last, First, M)			Relationship to student: (please circle)	Parent Guardian Self Other
Street Address	Apt #		Okay to pick-up from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	Zip Code	Home Phone	
Mailing Address (if different)			Work Phone	
			Cell Phone	
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 (please circle)	Parent Guardian Self Other
Street Address	Apt #		Okay to pick-up from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	Zip Code	Home Phone	
Mailing Address (if different)			Work Phone	
			Cell Phone	
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 the school		Parents are	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed
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Additional Contacts				
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

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