

Mexicayotl Academy
Student Enrollment Form
School Year 2020-2021

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					
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	
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		
Mailing Address (if different)			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			
Parent is Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Reserve		Start date: _____ End date: _____	
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		
Mailing Address (if different)			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	
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		
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 Withdrawl Date	
Entry Code	Date Entered in SDMS	Entered By	