

Mexicayotl Academy
Student Enrollment Form
School Year 2021-2022

| 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? (Optional) 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 | |
| | | | | 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 | |
| | | | | 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 | | | |