

# AGGIE ACADEMY™



## APPLICATION FOR ENROLLMENT

STUDENT'S FULL NAME

DATE

GRADE (2022-23)

STUDENT NUMBER

### PRIMARY/HOME LANGUAGE SURVEY

If the answer to any of the following questions is anything other than English, I understand that my child will be tested for English language proficiency by ESL (English as a Second Language) personnel.

What is the first language/dialect the student (child) learned to speak?

FIRST YEAR/GRADE  
IN U.S. SCHOOLS?

YES NO

Does the student speak any languages/dialects other than first language learned?

What language/dialect is most often spoken in the home?

YES NO

STUDENT'S COUNTRY OF BIRTH

STUDENT'S CITY (& STATE IF APPLICABLE) OF BIRTH

DATE OF BIRTH

GENDER: MALE FEMALE

ETHNICITY  
(MUST SELECT ONE):

HISPANIC/LATINO  
NOT HISPANIC/LATINO

RACE  
(MUST SELECT ONE):

BLACK OR AFRICAN AMERICAN  
AMERICAN INDIAN OR ALASKA NATIVE

ASIAN  
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NO.

STUDENT'S ADDRESS:

NAME(S) STUDENT RESIDES WITH:

BOTH PARENTS  
FOSTER PARENTS

FATHER ONLY  
GUARDIAN

MOTHER ONLY  
OTHER

GRANDPARENT

Do you have legal custody of this child YES NO

Can you pick this child up from school? YES NO

Does this child have a second guardian? YES NO

If yes, name of second guardian

How many children (other than the child on this form) live in the residence?

NAME AND CITY/STATE OF LAST SCHOOL ATTENDED NAME CITY STATE LAST GRADE STUDENT COMPLETED

NAME OF PARENT 1

HOME PHONE NO.

DAYTIME PHONE NO.

PARENT 1'S LEVEL OF EDUCATION:

No High School Diploma

High School diploma Some college

Bachelor's degree

Master's degree Doctorate

PARENT 1'S EMPLOYER

NAME OF PARENT 2

HOME PHONE NO.

DAYTIME PHONE NO.

PARENT 2'S LEVEL OF EDUCATION:

No High School Diploma

High School Diploma Some college

Bachelor's degree

Master's degree Doctorate

PARENT 2'S EMPLOYER

PARENT 1'S COUNTRY OF BIRTH

PARENT 2'S COUNTRY OF BIRTH

EMERGENCY CONTACT OTHER THAN PARENT

DAYTIME PHONE NO.

Has the above student completed his/her immunizations? YES NO

Will the above student ride a bus? YES NO

If yes, what is the bus number?

Are you willing to provide transportation for your child if bussing is not available? YES NO

Does the above student have a medical condition? If so, describe YES NO

Has your child received medical treatment for a head injury/concussion in the past year? YES NO

Has the above student received special education? YES NO

Does your child have an active IEP? YES NO

Has the above student received protection under Section 504? YES NO

If medication is required during the school day, is an Authorization of Medication at School form on file? YES NO

Was your child in the Academically Gifted program(s) at his/her former school? YES NO

Gifted Math

Gifted Reading

To the best of my knowledge, the information given for this student is accurate and complete.

SIGNATURE OF PERSON GIVING INFORMATION

DATE:

SIGNATURE OF PRINCIPAL (REQUIRED)

DATE: