

# ANDERSON PREPARATORY ACADEMY

3205 West 25<sup>th</sup> Street, Anderson, IN 46011 □ (765) 649-8472 □ www.GoAPA.org

## STUDENT ENROLLMENT FORM

*FOR OFFICE USE:* STUDENT I.D.# \_\_\_\_\_ STATE TESTING # \_\_\_\_\_

Date \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

GRADE LEVEL FOR 2008-2009 SCHOOL YEAR \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

(If different than above:)

MAILING ADDRESS: \_\_\_\_\_ MAILING CITY \_\_\_\_\_

Brothers and Sisters / Ages \_\_\_\_\_

MAILING STATE \_\_\_\_\_ MAILING ZIP \_\_\_\_\_

LANGUAGE OF STUDENT \_\_\_\_\_

RACE \_\_\_\_\_

### PRIMARY CONTACTS FOR CHILD:

#1: Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ (Mr., Mrs. Miss, Ms.) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone (Work) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

#2: Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ (Mr., Mrs. Miss, Ms.) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone (Work) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

*Anderson Preparatory Academy*  
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<b>EMERGENCY CONTACTS (IN ADDITION TO PRIMARY CONTACTS FOR CHILD)</b>			
#1: Relationship to Child _____			
First Name _____	Middle Name _____	Last Name _____	
Title _____ (Mr., Mrs. Miss, Ms.) Address _____			
City _____	State _____	Zip _____	Home Phone _____
Other Phone (Work) _____		Cell _____	E-Mail _____
Employer _____			
#2: Relationship to Child _____			
First Name _____	Middle Name _____	Last Name _____	
Title _____ (Mr., Mrs. Miss, Ms.) Address _____			
City _____	State _____	Zip _____	Home Phone _____
Other Phone (Work) _____		Cell _____	E-Mail _____
Employer _____			

LAST SCHOOL ATTENDED _____	PHONE _____
SCHOOL CORPORATION _____	
CURRENT HOME SCHOOL CORPORATION _____	
ADDRESS OF LAST SCHOOL ATTENDED _____	
CITY _____	STATE _____ ZIP _____

<b>DIRECTIONS FOR EARLY WEATHER RELATED OR EMERGENCY DISMISSAL:</b>	
_____ Stay at school or emergency location until picked up by parent.	
_____ OTHER DIRECTIONS:	
_____	
_____	
DOCTOR'S NAME _____	PHONE NUMBER _____
HOSPITAL PREFERENCE _____	

**Anderson Preparatory Academy**

**IMPORTANT ADDITIONAL INFORMATION**

(STRICTLY CONFIDENTIAL: FOR ADMINISTRATOR USE ONLY)

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_

NOTE: THE INFORMATION BELOW WILL ALLOW US TO MAKE SURE THAT ALL FUNDS FOR OUR CHARTER SCHOOL THAT ARE NEEDED FOR YOUR CHILD ARE REQUESTED AND RECEIVED. THANK YOU FOR YOUR HELP.

Please indicate whether your child is receiving special education services.      YES      NO

If yes, what is the disability category?

\_\_\_\_\_ Communications Disability (Speech Therapy)      \_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ L.D. (Learning Disability)      \_\_\_\_\_ Visually Impaired

\_\_\_\_\_ A.D.D. (Attention Deficit Disorder)

\_\_\_\_\_ E.D. (Emotionally Disabled)

\_\_\_\_\_ MiMD (Mildly Mentally Disabled)

\_\_\_\_\_ MoMD (Moderately Mentally Disabled)

\_\_\_\_\_ Severely Mentally Disabled

\_\_\_\_\_ Physically Disabled \_\_\_\_\_

(Please describe.)

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\_\_\_\_\_ Other: Please describe \_\_\_\_\_

PLEASE, IT IS VERY IMPORTANT THAT YOU SHARE ALL COPIES OF IEP'S, REPORTS, AND TESTING INFORMATION WITH US SO THAT WE MAY MEET THE NEEDS OF YOUR CHILD.

**Nondiscrimination**

Anderson Preparatory Academy shall not discriminate against any student, teacher, or employee on the basis of race, religion, gender, or national origin. Furthermore, in regards to students, the school admits students of any race, religion, gender, color, national and ethnic origin, and disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.