



## NEW STUDENT ENROLLMENT APPLICATION

### STUDENT'S INFORMATION

Full Name (first/middle/last—as shown on Birth Certificate) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Last School Attended \_\_\_\_\_ Present Grade \_\_\_\_\_ Applying to Grade\* \_\_\_\_\_ For Academic Year \_\_\_\_\_

Birth Date (month/date/year) \_\_\_\_\_ Age \_\_\_\_\_ Birthplace (City/State) \_\_\_\_\_  
*Kindergarten students must be 5 years old by August 1.*

**Race/Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)**

Part 1: Ethnicity-Is this individual Hispanic/Latino (Choose only one)

- No, not Hispanic/Latino       Yes, Hispanic/Latino( A person of Cuban Mexican, Puerto Rican, South or Central, American or other Spanish culture or origin, regardless of race.

Part 2: Race-Choose one or more

- American Indian/Alaskan Native    Black/African American    Asian    White    Native Hawaiian/Pacific Islander

YES  NO Does the student speak a language other than English as a primary form of communication?  
 If yes, Language: \_\_\_\_\_

YES  NO Is a language other than English spoken in the home as a form of communication?  
 If yes, Language: \_\_\_\_\_

**PRIMARY HOUSEHOLD (PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)**

\_\_\_\_\_  
 Last                      First                      Relationship                      (Area) Home/Primary Contact Phone

\_\_\_\_\_  
 Address                      Apt #                      City/Zip Code

\_\_\_\_\_  
 (Area Code) Work Phone                      (Area Code) Cell Phone                      E-Mail Address

**SIBLINGS CURRENTLY ENROLLED AT THEA BOWMAN**

Name of Sibling	Grade

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**STUDENT SERVICES INTAKE INFORMATION**

TBLA is fully committed to providing quality education to all of our students, especially those with special needs. In order to do this, we need your help. Please complete this page in its entirety.

Has your child been involved with early intervention services (birth to age 3)?  Yes  No

Has your child been screened for special education by the public schools?  Yes  No

Does your child have a current Individual Educational Plan (IEP)?  Yes  No

**If yes, please provide us a copy.**

Has your child ever received special education services?  Yes  No

Does your child receive services under section 504 of the Rehabilitation Act of 1973?  Yes  No

**If yes, please provide us a copy of the 504 plan.**

Please check any of the following services your child has and/or still receives.

- Speech and Language       Occupational Therapy       Visually Impaired       Physical Therapy
- Counseling       Medical Services       Deaf & Hard of Hearing       Resource Room

Does your child wear glasses?  Yes  No

Does your child wear a hearing aid?  Yes  No

Are you concerned that your child may have a special need that has not been evaluated yet? If yes, please explain: \_\_\_\_\_

**Required Documentation:**

- √ Student Birth Certificate or Legal Guardianship Papers
- √ Immunizations Records/Physical
- √ Student Social Security Card
- √ Parent/Guardian Drivers License or State ID
- √ Report Card/Transcript
- √ IEP/504
- √ ISTEP/NWEA Scores
- √ Transfer Slip

**Your child’s application will not be accepted until the above information is submitted with this completed application form. In addition, any unanswered questions will delay your application process.**

**I certify that all information given is accurately answered to the best of my ability.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

- Birth Certificate       Immunizations Records/Physical
- Social Security Card       Parent/Guardian ID
- IEP/504       ISTEP/NWEA
- Most Current Report Card/Transcript       Transfer Slip

**Mandatory for ALL grades.**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By