

# 2022-2023 MHSAP Enrollment Form



Parent(s)/Guardians(s) Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Parent Work Phone # \_\_\_\_\_

Emergency Contact Name *(Not Parent)* \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_ Emergency Contact *(Relationship to Student)* \_\_\_\_\_

Resident School District \_\_\_\_\_ Resident County \_\_\_\_\_ Parent email address \_\_\_\_\_

## Student Information:

First Name	Middle Name	Last Name	M/F	Birthdate (00/00/00)	Age on 9/15/22	22-23 Grade	Race*

**\*Race:** Enter **AS** for Asian, **PI** for Hawaiian or other Pacific Islander, **WH** for White, **BL** for Black or African American, **HS** for Hispanic or **AI** for American Indian/Alaskan Native.

## Custody Status

Check here if any custody issues we need to be aware of. (Please include legal paperwork if box is checked.)

**Pre-school & Previous School History** *(new students only)* Please list the School, City, State where attended below:

## Student Services Information

Student's Name	IEP - 504 - Open Enrolled <i>(please include all that apply)</i>

Office Use Only:

Sup Teacher \_\_\_\_\_