

# 2023-2024 MHSAP Enrollment Form



Parent(s)/Guardians(s) Name	Address	City	Zip
Primary Phone #	Secondary Phone #	Parent Work Phone #	
Emergency Contact Name <i>(Not parent)</i>	Emergency Contact Phone	Emergency Contact <i>Relationship to Student</i>	
Resident School District	Resident County	Parent email address <i>(Please Print Clearly)</i>	

## Student Information:

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

## 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: If the child attended **pre-school** anywhere, please list the school, city, state here:

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## Student Services Information

Student Name	504	IEP	Open Enrolled

Office Use Only:

Supervising Teacher: \_\_\_\_\_