



Registration Form

SCHOOL YEAR 2018-2019

Office Use Only: Grade _____	Cohort year _____	SAIS ID _____
Start Date _____	Schoolmaster Date _____	Withdrawal Date _____
Track One _____ Track Two _____		Teacher _____

STUDENT INFORMATION

Entering Grade Level _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Student Cell Phone # _____ Student Work Phone # _____

Gender: M ___ F ___ Birth Date: _____ Country of Birth: _____ State of Birth _____

Please answer both parts:

Part A: Hispanic/Latino:
Yes ___ No ___

Part B: White ___ Black/African American ___ Asian ___
American Indian/Alaskan Native ___ Hawaiian/Pacific Islander ___

English Language Proficiency:

What is the primary language used in the home regardless
Of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Special Education, Accommodations or Services? Yes ___ No ___ (If yes, please provide copy of IEP or 504 Plan)

Does student have a medical condition? (If yes, please explain) _____

Does student take prescription medicine? (If yes, please explain) _____

Parent/Guardian

Name _____ Relationship: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-mail Address _____

Other Parent/Guardian

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-mail Address _____

Emergency Contact Information (Only people on this form may take students out of classes)

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Name of Last School Attended:

Last Date Attended School _____ Reason for withdrawal: _____

Is the student currently under suspension or expulsion from another school? Yes____ No____

Date _____ Reason: _____

Has student ever been arrested or on probation: Yes____ No____ (If yes, please explain)

Probation Officer Name _____

Phone _____

How did you find out about Nosotros Academy? Nosotros Academy Student _____ Advertising _____

Other:

The following signature(s) confirm that I/we will read the Nosotros Academy Student/Parent Handbook for the School Year. I/we also confirm that I/we have read the School/Parent/Student Responsibilities Compact that is in the handbook, and will abide by all of the policies contained therein, and that all information contained on this form is complete and accurate to the best of my/our knowledge. I/we understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Nosotros Academy.

Student Signature

Date

Parent/Guardian Signature

Date

Students WILL NOT be allowed to start the school year until the COMPLETE ENROLLMENT PACKET has been received and reviewed by the Registrar.