

**ENROLLMENT FORM**  
**PLEASE COMPLETE FRONT AND BACK OF FORM**

DATE OF APPLICATION	GRADE APPLYING FOR / SCHEDULE REQUESTED		BIRTH DATE
STUDENT'S FULL NAME			
HOME ADDRESS			
CITY			ZIP
HOME PHONE	WORK PHONE MOM _____  DAD _____	CELL PHONE MOM _____  DAD _____	E-MAIL ADDRESS
LEGAL GUARDIANS OF CHILD			
BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER, PLEASE EXPLAIN _____			
MOTHER'S NAME		FATHER'S NAME	

PLEASE LIST FULL NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD AT SCHOOL.

(Only persons named here will be allowed to remove child from school premises unless parent advises school in writing of additional persons)

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

3. \_\_\_\_\_ PHONE \_\_\_\_\_

THE FOLLOWING PERSON(S) MAY NOT REMOVE MY CHILD FROM THE FACILITY.

1. \_\_\_\_\_

2. \_\_\_\_\_

CUSTODY PAPERS HAVE BEEN PROVIDED AND ARE ON FILE AT THE FACILITY. \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE LIST SCHOOLS PREVIOUSLY ATTENDED.

Name of School	Address	Dates Attended
_____	_____	_____
_____	_____	_____

ARE THERE ANY ACTIVITIES IN WHICH YOUR CHILD CAN NOT PARTICIPATE? PLEASE SPECIFY.

IN WHAT AREA OF DEVELOPMENT, ACADEMIC SKILLS, OR SOCIALIZATION HAS YOUR CHILD BEEN PARTICULARLY SUCCESSFUL?

IN WHAT AREAS HAS SHE/HE BEEN LESS SUCCESSFUL?

HAS YOUR CHILD EVER ENCOUNTERED ANY SCHOOL RELATED PROBLEMS? IF YES, EXPLAIN

ANY EMOTIONAL OR BEHAVIORAL PROBLEMS?

DOES YOUR CHILD HAVE ANY PHYSICAL OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF, AND WHAT IF ANY, PRECAUTIONS SHOULD BE TAKEN?

ANY OTHER IMPORTANT INFORMATION WHICH WOULD ASSIST US IN MEETING YOUR CHILD'S EMOTIONAL, CULTURAL, OR ACADEMIC NEEDS?

HAS STUDENT BEEN ENROLLED IN PROGRAMS SUCH AS SPECIAL EDUCATION (IEP); SPEECH/LANGUAGE (IEP), TITLE I, GIFTED, BILINGUAL, ETC. \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE SPECIFY:

WHERE DID YOU HEAR ABOUT PRIMAVERA SCHOOL? \_\_\_\_\_ RADIO \_\_\_\_\_ MAGAZINE AD (PRESCOTT WOMAN)  
\_\_\_\_\_ PHONE BOOK \_\_\_\_\_ WEBSITE \_\_\_\_\_ WORD OF MOUTH

**LANGUAGE & ETHNICITY AND RELIGIOUS INFORMATION:**

WHAT LANGUAGE DID THE STUDENT FIRST LEARN TO SPEAK? \_\_\_\_\_

WHAT LANGUAGE DOES THE STUDENT SPEAK MOST OFTEN? \_\_\_\_\_

WHAT LANGUAGE DO THE PARENTS SPEAK MOST OFTEN IN THE HOME? \_\_\_\_\_

**ETHNICITY (PLEASE CHECK ONE):**

ASIAN \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_ WHITE \_\_\_\_\_ OTHER \_\_\_\_\_

**RELIGIOUS PREFERENCE IN THE HOME (PLEASE CHECK ONE):** \_\_\_\_\_ CHRISTIAN \_\_\_\_\_ JEWISH

\_\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_ \_\_\_\_\_ DO NOT WISH TO PROVIDE INFO

NAME OF FAMILY DOCTOR

PHONE

SIGNED (PARENT OR LEGAL GUARDIAN)

DATE