

**ALBUQUERQUE TALENT DEVELOPMENT ACADEMY**  
**2018-2019 Pre-Registration**

STUDENT						
Today's Date	Last Name	First Name		MI	Male	Female
Student State ID Number	Date of Birth	Age	Current Grade Registering For? (Circle One) 9    10    11    12	Home Telephone		
Street Address			Apt. #	Zip Code	Student Cell Telephone	
Last Two Schools Attended		Grade	Date Last Attended	Out of State School Name and Address		
1.						
2.						
Student's Ethnicity: <i>Please check one of your student's ethnicity from the list below. A second ethnicity may be entered.</i>  <input type="radio"/> Caucasian / White <input type="radio"/> African American / Black <input type="radio"/> Hispanic (of Spanish speaking culture or origin) <input type="radio"/> Asian or Pacific Islander <input type="radio"/> American Indian or Alaska Native    Tribe: _____				Military Family: <i>Please check one, if applicable.</i>  <input type="radio"/> Active Duty <input type="radio"/> National Guard <input type="radio"/> Reserve		

FATHER					
Last Name	First Name	MI	Living with this Parent? Y / N	Legal Guardian? Y / N	Registering This Student? Y / N
Street Address		Apt. #	Zip Code	Home Telephone	
E-mail Address					Cell Telephone
Employer Name					Work Telephone

MOTHER					
Last Name	First Name	MI	Living with this Parent? Y / N	Legal Guardian? Y / N	Registering This Student? Y / N
Street Address		Apt. #	Zip Code	Home Telephone	
E-mail Address					Cell Telephone
Employer Name					Work Telephone

<i>(SCHOOL USE ONLY)</i>	Date	Birth Certificate	<input type="checkbox"/>	Transcripts	<input type="checkbox"/>
Interviewed By	Accepted    YES    NO	Immunization Records	<input type="checkbox"/>	IEP	<input type="checkbox"/>

GUARDIAN					
Last Name	First Name	MI	Living with this Guardian? Y / N	Legal Guardian? Y / N	Registering This Student? Y / N
Street Address		Apt. #	Zip Code	Home Telephone	
E-mail Address				Cell Telephone	
Employer Name				Work Telephone	
Relationship to the Student?					

**DO YOU HAVE A BROTHER OR SISTER CURRENTLY ATTENDING ATDA? YES or NO**  
**IF YES – What is your Brother's or Sister's Name \_\_\_\_\_**

SPECIAL EDUCATION SERVICES		
1. Do you receive services as a Special Education Student?	Yes _____	No _____
2. Speech and Language Services:	Yes _____	No _____
3. Social Work Services:	Yes _____	No _____