

# AMBASSADORS PREPARATORY ACADEMY

## Enrollment Form

Has student ever attended a GISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last School Attended			
GISD Student ID		Date of Enrollment		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (upcoming school year)
Legal Student Last Name		First Name	Middle Name	Generation (Jr., III, etc.)	Student Social Security #		
Student ever received/is in need of Special Services (504, speech, special education...)?						Student Lives with <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Student Ethnicity <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White						Home Phone (Area Code & Phone)	
Student Address Street Number    Street Name                      Apartment                      City                      State                      Zip                      County							
Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child.							
Mother/Contact #1 Name (Last, First)		Relationship	Street Number	Street Name	Apt.	City	State    Zip
Employer		Occupation		Home Phone	Work Phone	Mobile Phone	
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Father/Contact #2 Name (Last, First)		Relationship	Street Number	Street Name	Apt.	City	State    Zip
Employer		Occupation		Home Phone	Work Phone	Mobile Phone	
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
Emergency/Contact #3 Name (Last, First)		Relationship	Street Number	Street Name	Apt.	City	State    Zip
Employer		Occupation		Home Phone	Work Phone	Mobile Phone	
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address		
What type of medical insurance do you carry for this child? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None				Family Physician		Physician Phone	
<b>Signature below certifies that all the information above is true and accurate.</b> Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(H).							
Signature of Mother or Legal Guardian		TX Driver's License Number			Date of Birth (mother or legal guardian)		
Signature of Father or Legal Guardian		TX Driver's License Number			Date of Birth (father or legal guardian)		
Total Monthly Family Income				Total Number of Members in Household			