

Clara Mohammed School of St. Louis Enrollment Forms

For office use only:		
Student ID _____	Enrollment Date _____	Grade _____
Registration completed _____	Teacher's Name _____	
Need: <input type="checkbox"/> Immunization Record	<input type="checkbox"/> Birth Cert.	<input type="checkbox"/> Previous School Record
Date Received _____	Address Verification _____	
Submitted: <input type="checkbox"/> In person	<input type="checkbox"/> By mail	<input type="checkbox"/> Online

Form: STUDENT ENROLLMENT FORM
Please indicate the student's academic placement.
<input type="radio"/> New student for the _____ school year <input type="radio"/> Returning student for grade _____

<p>Student Information</p> <p>Birth certificate or other satisfactory evidence of age and official record of immunization must be presented at time of enrollment. Copies of these documents are to be placed in a folder and originals returned to parent/guardian.</p> <p>Legal Name _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div> </p> <p>Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Code </div> </p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Place of Birth _____ <div style="display: flex; justify-content: center; width: 100%;"> Month/Day/Year </div> </p> <p>City/State/Country _____ Race: (select one) <input type="checkbox"/> African-American (Black) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ </p> <p>Child resides with _____ Relationship _____ <div style="display: flex; justify-content: center; width: 100%;"> Name </div> </p>

Please indicate the student's previous academic placement (if applicable)
<input type="checkbox"/> Public School (name of school) _____
<input type="checkbox"/> Charter School (name of school) _____
<input type="checkbox"/> Private School (name of school) _____
<input type="checkbox"/> Home school (provider) _____
<input type="checkbox"/> Group home or other institution _____
<input type="checkbox"/> Other _____

Family Information	
Father's Full Name _____	Deceased <input type="checkbox"/> yes <input type="checkbox"/> no
Address _____	Zip _____ Phone _____
Employer _____	Phone _____

E-mail _____

Mother's Full Name _____ Deceased ____ yes ____ no

Address _____

Employer _____

e-Mail _____

Stepparents, Legal Guardian's or Sponsor's Information (if applicable)

Name _____ Relationship _____

Address _____ Zip _____ Phone _____

Employer _____ Phone _____

E-Mail _____

Other Information

Emergency Contact _____

	Name	Relationship	Phone
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Other children in the family

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Medical History (allergies, medical condition, medicines, etc.)

School Information

Last School Attended _____ Grade _____

Address _____

Street	City	State	Zip Code
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Date last attended _____ (month) _____ (year)

Home Language

Primary language spoken in the home _____

Other language spoken in the home _____

Special Needs Students

Has your child ever received Special Education Services? yes no

Does your child have a current IEP? yes no

Has your child ever had a 504 Service Plan? yes no not sure

I certify that the above information is true and that the questions have been answered to the best of my knowledge.

Signature of Parent/Guardian _____ Date ____/____/____

Address Verification

All applicants must submit at least one of the following documents to verify current address.

utility bill

Valid driver's license

State ID

Apartment agreement / lease

Mortgage payment statement

Payroll sub