

EXPLORE KNOWLEDGE ACADEMY 2010-2011 RE-ENROLLMENT FORM

Home Language Survey

First language learned by student?
 English _____ Other _____

Language spoken by student with friends?
 English _____ Other _____

Language spoken in Home?
 English _____ Other _____

Student's Race (check one)

White (not of Hispanic Origin)

Black (not of Hispanic Origin)

Asian/Pacific Islander

American Indian/Alaskan Native

Hispanic

Is student 1/4 (25%) American Indian or enrolled in a tribe?

Military Dependent

Is either parent on active duty in the Military Service? (Student need not be residing with this parent.)

Yes No

How did you hear about us?

Restrict Directory Information

Yes No

NRS 392.165: STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME

Please Print Clearly

Student Info.	Student's Last Name		First Name		Middle Name		Grade Applying for		Gender	CCSD Student ID		
	SSN# (Last 4 digits only)		Date of Birth		Birthplace (City/State)		Student E-Mail Address			Residence Phone #		County of Residence
	Home Address			Bldg, Apt, Unit	City		Zip Code		Major Crossroad #1		Major Crossroad #2	
	Mailing Address/P.O. Box (If Different than Residence)											
	Has student ever received Special Education Svcs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does student have Accommodation plan (Section 504) in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Student Ever Attended a Clark County School? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Last School Attended			Address			City/State		Date of Orientation/Tour	

MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Info.	Relationship		Parent Name				Personal E-mail Address				
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No
	Relationship		Parent Name				Personal E-mail Address				
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No
Non-Custodian Parent Information - Not Necessary to complete if both natural parents are listed above.	Relationship		Parent Name								
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No

Contact	Local Emergency Contact: A person who may be contacted if the parent/guardian is unavailable and who is authorized to pick up the student in an emergency.											
	Emergency Contact Person			Relationship		Telephone Number		Emergency Contact Person			Relationship	

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____