

Wait List/Enrollment Form

Child's Information:

Grade for (2022-2023) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: Male Female Ethnicity \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Is the Parent or Guardian a member of the military? \_\_\_\_\_

Mother's Name _____ Proof of residence is required Home Address _____ Phone ( ) _____ Cell ( ) _____ Employer _____ Phone ( ) _____ Email _____ Is this the child's primary residence? Yes No Other (explain) _____	Father's Name _____ Proof of residence is required Home Address _____ Phone ( ) _____ Cell ( ) _____ Employer _____ Phone ( ) _____ Email _____ Is this the child's primary residence? Yes No Other (explain) _____
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Previous School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for leaving the previous school: \_\_\_\_\_

How did you hear about YSA? \_\_\_\_\_

**Health or accident insurance is the responsibility of the parent**

Young Scholar's Academy will only release your child to those persons listed below.

If an accident or severe injury occurs, YSA will attempt to contact you.

If we cannot contact you, you agree to give YSA authorization to call 911 if necessary.

**Please provide the names and telephone numbers of those who have permission to pick up your child or whom you wish to contact in the event of an illness or emergency.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Significant Allergies: \_\_\_\_\_

Any Significant Medical Conditions: \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

I acknowledge the above information is accurate and complete and understand that I must update changes immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_