

Date _____

2024-2025 Gateway to Success Academy

Student Enrollment Form

Grade _____

Please Print and use ink

Student's Full Legal Name _____

Last First Middle (full)

Gender () M () F () Other Birthdate ____/____/____ State of Birth _____ County of Birth _____
mm/dd/yyyy

Residence Address _____ Apt.# _____ City _____ State _____ Zip _____

(Check only if applicable) () Shelter () Motel () House/Apt. shared with friends () Friends/Family (if different than parent/guardian)

Mailing Address (if different) _____ Apt.# _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

U.S. Citizen: () Yes () No If no, country of residence: _____ () Migrant () Immigrant refugee:(country) _____
Ethnicity: Is your child Hispanic/Latino? () Yes () No Race: check all that apply () Asian () White () Black or African American
() American Indian or Alaskan Native () Native Hawaiian or other Pacific Islander
Primary language spoken in the home: () English () Spanish () Other Please Specify _____

Student Living With: (Check one)
__1 Both Parents __2 Mother Only __3 Father Only __4 Self __5 Grandparent __6 Guardian
__7 Mother/Stepfather __8 Father/Stepmother __9 Stepfather/Stepmother
__0 Other (please specify) _____

PARENTS/GUARDIANS LIVING IN THE SAME HOUSEHOLD AS THE STUDENT

Legal Name _____	Legal Name _____
Relationship to Student _____	Relationship to Student _____
Work Phone _____ Cell Phone _____	Work Phone _____ Cell Phone _____
Email _____	Email _____
Employer Name _____	Employer Name _____
Active in the Military __Y__N Branch _____	Active in the Military __Y__N Branch _____

PARENTS/GUARDIANS LIVING AT AN ADDRESS DIFFERENT FROM THE STUDENT

Legal Name _____	Legal Name _____
Relationship to Student _____	Relationship to Student _____
Work Phone _____ Cell Phone _____	Work Phone _____ Cell Phone _____
Email _____	Email _____
Employer Name _____	Employer Name _____
Does this parent/guardian have joint custody? __Y__N	Does this parent/guardian have joint custody? __Y__N
Should this parent/guardian receive school information? __Y__N	Should this parent/guardian receive school information? __Y__N
Is this person legally restricted access to this student? __Y__N	Is this person legally restricted access to this student? __Y__N
(A copy of the court order must be provided to the school.)	(A copy of the court order must be provided to the school.)
Active in the Military __Y__N Branch _____	Active in the Military __Y__N Branch _____

PREVIOUS SCHOOL INFORMATION

Last School Attended _____ City, State, Zip _____

Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y() N()
Is your child presently under consideration for expulsion? Y() N()
Is your child presently involved in the Juvenile Justice System? Y() N()

SPECIAL SERVICES INFORMATION

Is your child receiving special education services? Y() N()
Does your child have a current 504 Plan? Y() N() If yes, what area? ()Academics ()Health
I give permission for my child to take online classes. Y() N()
I give permission for my child to be a virtual student. Y() N()

MEDICAL INFORMATION

Is your child taking any medication regularly? Y() N() If yes, please list: _____
Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication given during the school day.
Please List any known medical problems: _____
Please list any special medical instructions: _____
If your child has a severe allergy that could result in anaphylactic shock, a physician statement and a sufficient supply of his/her prescribed medicine is required.
Physician Name _____ Address _____ Phone _____
Dentist Name _____ Address _____ Phone _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT OR GUARDIAN) Must be at least 21 years old.

Name _____ Relationship to Student _____ Phone _____
Address _____ Work Phone _____ Cell _____
Name _____ Relationship to Student _____ Phone _____
Address _____ Work Phone _____ Cell _____

I give permission for my child to be photographed or audio/videtaped for broadcast or print for G2S Academy Y() N()
I give permission for my child to participate in school surveys. Y() N()
I give permission for my child to participate in school-approved activities and travel with representatives of the school on any trips to these activities. Y() N()
I give permission to G2S Academy to display the product of my child's school-related academic, athletic, music, and/or artwork on the district website and other district publications. Y() N()

I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. In case of an emergency and in the event that no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed, and/or call 911 for emergency transportation of my child. I will not hold the school district financially responsible for the emergency care and or transport of my child.
I verify that all the information provided on this form was supplied by me and is accurate.
Parent/Guardian Signature _____ Date _____