

**Young Scholar's Academy\*1501 E. Valencia Road\*Bullhead City\*86426**

**928-704-1100\*FAX 928-704-1177**

**Enrollment Form**

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male Female Grade for (2016-2017) \_\_\_\_\_  
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? \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address\* \_\_\_\_\_ Home Address\* \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Reason for leaving previous school? \_\_\_\_\_

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

Young Scholar's Academy will only release your child to those persons listed below. Please provide the names and telephone numbers of those who have permission to pick-up your child or whom you wish us to contact in the event of an illness or emergency. In the event of accident or serious injury, YSA will attempt to contact you; if we are unable to do so, you agree to give YSA authorization to call 911, if necessary.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature Date Physician Phone

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

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

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

\* Proof of residence is required.