

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 Ethnicity _____

Grade for (2018-2019) _____ What is the primary language used in the home? _____

What is the language most often spoken by the student? _____

(PLEASE PRINT LEGIBLY.)

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 () _____ Dept. _____	Phone () _____ Dept. _____

Email _____ **Email** _____

Please check if there has been any changes from a prior enrollment.

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 _____

Parent/Guardian Signature Date Physician Phone

Siblings: _____
Name Grade Name Grade

Name Grade Name Grade

Significant Allergies: _____

*** Proof of residence is required.**

Health or accident insurance is the responsibility of the parent.