

**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 (2020-2021) \_\_\_\_\_ **What language do people speak in the home *most* of the time?** \_\_\_\_\_

**What language does the student speak *most* of the time?** \_\_\_\_\_

**What language did the student first speak or understand?** \_\_\_\_\_

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

<b>Father's Name</b> _____	<b>Mother's Name</b> _____
Home Address* _____	Home Address* _____
City _____ Zip _____	City _____ Zip _____
Phone ( ) _____ Cell ( ) _____	Phone ( ) _____ Cell ( ) _____
Employer _____	Employer _____
Phone ( ) _____ Dept. _____	Phone ( ) _____ Dept. _____

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

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



**(Proof of current address and email address are required.)**

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

Reason for leaving 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. **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: \_\_\_\_\_