



1501 E. Valencia Road
 Fort Mohave, AZ 86426
 Main 928.704.1100
 Fax 928.704.1177

2019-2020 Enrollment Form

Child's First Name _____ Middle _____ Last _____

Birthdate _____ Age _____ Sex: Male Female Ethnicity _____

Grade for (2019-2020) _____

What is the primary language used in the home **regardless of the language of the student?** _____

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

What is the language that the student first acquired? _____

(PLEASE PRINT LEGIBLY.)

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 _____

Any changes from last year, if applicable?

Previous School Name: _____

Reason for leaving previous school? _____

How did you hear about YSA? _____

* Proof of residence is required.

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**

Health or accident insurance is the responsibility of the parent.

Siblings: _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Significant Allergies: _____