

NORTHSTAR SCHOOL

ENROLLMENT INFORMATION

STUDENT INFORMATION

Name of Student _____
Last first middle (preferred name)

Applicant to enter Grade ___ to begin enrollment _____ in 20_____
month year

Date of Birth ___ / ___ / ___ Social Security # ___ - ___ - ___ Male ___ Female ___

Country of Citizenship _____
name of country

If a citizen of country other than United States, will I-20 Immigration Form be needed? Yes ___ No ___.

Race & Ethnicity Group: African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___.

PARENT/GUARDIAN

___ Dr. ___ Mr. ___ Mrs. ___ Ms. _____ Home Phone () -

Home Address _____
Street City Zip

Occupation _____ Work Phone () -

Company Name _____ Cell Phone () -

Company Address _____
Street City Zip

Email Address _____

PARENT/GUARDIAN

___ Dr. ___ Mr. ___ Mrs. ___ Ms. _____ Home Phone () -

Home Address _____
Street City Zip

Occupation _____ Work Phone () -

Company Name _____ Cell Phone () -

Company Address _____
Street City Zip

Email Address _____

___ Divorced ___ Married ___ Separated ___ Unmarried ___ Widowed

Who has legal custody of the applicant? _____