

Mexicayotl Academy
Student Enrollment Form
School Year 2018-2019

Primary Student Data					
Name (Last, First, M)				SAIS ID	
Date of Birth		State of Birth			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age				
Last School Attended	If born out of country, has student attended one or more schools in any one or more states for more than 3 full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Date of Attendance					

Student Ethnicity and Race	
Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native
If Hispanic, you must also select a Race:	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander
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?	

Contact Information				
Primary Contact (Last, First, M)			Relationship to student <i>(please circle)</i>	Parent Guardian Self Other:
Street Address	Apt #	Okay to pick-up from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code	Home Phone	
Mailing Address (if different)			Work Phone	
			Cell Phone	
			Email Address	
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Contact (Last, First, M)			Relationship to student <i>(please circle)</i>	Parent Guardian Self Other:
Street Address	Apt #	Okay to pick-up from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code	Home Phone	
Mailing Address (if different)			Work Phone	
			Cell Phone	
			Email Address	
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List any siblings attending this school		Parents are	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

Additional Contact Information			
Additional Contact Name			Relationship to Student
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Contact Name			Relationship to Student
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Contact Name			Relationship to Student
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Legal Guardian	Date	
Do Not Complete - For Office Use Only		
Interviewer Initials	Official Entry Date	Official Withdrawal Date
Entry Code	Date Entered in SDMS	Entered By

