

DESERT STAR ACADEMY HIGH SCHOOL

Enrollment Form



School Year: 20 - 20

Scholar Information

Last Name: _____	First Name: _____	MI: _____	Gender: _____	Grade: _____
Date of Birth: _____	City of Birth: _____	State: _____	Home Phone# _____	
Street Address: _____	City: _____	State: _____	Zip: _____	
Mailing (if different): _____	City: _____	State: _____	Zip: _____	

Previous School History

Scholar's Previous School: _____	City: _____	State: _____
Was your scholar enrolled in: Special Education	Yes <input type="checkbox"/> No <input type="checkbox"/>	A 504 Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your scholar ever been expelled from a school district?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: _____
Does your scholar have any discipline issues pending from another school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: _____

Home Language

Responses to the following statements will be used to determine whether the student will be assessed for English Language Proficiency (ELL):
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? _____

Please answer both of the following questions regarding ethnicity:

Race: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
Ethnicity: White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/>

*****DO NOT WRITE BELOW THIS LINE*****

Official Use Only

1. Immunization Record: <input type="checkbox"/>	3. Transcript: <input type="checkbox"/>	Student ID#: _____
2. Birth Certificate: <input type="checkbox"/>	4. Proof Residency: <input type="checkbox"/>	Grade: _____
Data Entered into SMS by: _____		Data Entry Date: (mm/dd/yy): _____

Parent / Guardian Information

Name: _____ (Father / Stepfather / Legal Guardian)

Living with Scholar? ☐ Yes ☐ No

Physical Address: _____

Email: _____ Cell # _____ Home # _____

Place of Employment: _____ Work # _____

Name: _____ (Mother / Stepmother / Legal Guardian)

Living with Scholar? ☐ Yes ☐ No

Physical Address: _____

Email: _____ Cell # _____ Home # _____

Place of Employment: _____ Work # _____

Is your address a temporary living arrangement? Yes ☐ No ☐

If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes ☐ No ☐

Emergency Contacts

I authorize the following individuals to pick-up my scholar from school in case of emergency or if I cannot be contacted:

Name/Relation:	Phone:
Name/Relation:	Phone:
Name/Relation:	Phone:

Military Connected Student

- ☐ Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty.
- ☐ Student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- ☐ Student is a dependent of a member of a reserve force in the United States military.
- ☐ None of the above.

If this scholar has siblings currently attending one of the following schools please circle that school:

DESERT STAR ELEMENTARY

DESERT STAR MIDDLE SCHOOL

DESERT STAR HIGH SCHOOL

Name(s) of siblings: _____

Person enrolling scholar is: ☐ Legal Parent ☐ Relative w/ Guardianship ☐ Foster Parent (temp)
☐ Court Appt. Guardian ☐ Court Appointed Guardian ☐ Other: _____

Signature of Student

Print Student Name

Signature of Parent / Guardian

Print Parent / Guardian Name