

Wait List/Enrollment Form

Child's Information:

Grade for (2023-2024) _____

First Name _____ Middle _____ Last _____

Birthdate ____/____/____ Age _____ Sex: Male Female Ethnicity _____

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? _____

Is the Parent or Guardian a member of the military? _____

Mother's Name _____ Proof of residence is required Home Address _____ Phone () _____ Cell () _____ Employer _____ Phone () _____ Email _____ Is this the child's primary residence? Yes No Other (explain) _____	Father's Name _____ Proof of residence is required Home Address _____ Phone () _____ Cell () _____ Employer _____ Phone () _____ Email _____ Is this the child's primary residence? Yes No Other (explain) _____
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Previous School Name: _____ Location: _____

Reason for leaving the 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.

If an accident or severe injury occurs, YSA will attempt to contact you.

If we cannot contact you, you agree to give YSA authorization to call 911 if necessary.

Please provide the names and telephone numbers of those who have permission to pick up your child or whom you wish to contact in the event of an illness or emergency.

Name _____ Phone _____ Relationship to you _____

Name _____ Phone _____ Relationship to you _____

Name _____ Phone _____ Relationship to you _____

Physician _____ Phone _____

Any Significant Allergies: _____

Any Significant Medical Conditions: _____

Siblings: Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

I acknowledge the above information is accurate and complete and understand that I must update changes immediately.

Parent/Guardian Signature _____ Date _____