



Empire Academy

Enrollment Form 2008/2009

Applicant Information:

Name of Applicant (First, MI, Last): _____ Nickname: _____

___ Male ___ Female Email Address: _____ Entering Grade: _____ for 2008-2009

Student's Primary Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Birthdate: _____ Place of Birth: _____

Country of Citizenship: _____ Languages Spoken at Home: _____

Applicant's School information:

Former School: _____

School Address: _____ City: _____ State: _____ Zip Code: _____

School Phone Number: _____ Grades Attended: _____

Previous Schools and grades attended: _____

Family Information:

Parent/Guardian I	Parent/Guardian I
Name:	Name:
Relationship to Applicant:	Relationship to Applicant:
Home Address:	Home Address:
Home Telephone:	Home Telephone:
Cell Telephone:	Cell Telephone:
Business telephone	Business telephone
E-mail:	E-mail:
Name of Employer:	Name of Employer:
Social Security Number	Social Security Number

(Optional) Please share any information that will help us to better know your child; this may include health, learning differences, tutoring, accelerated programs, family circumstances, etc.

Please note for us any special custody agreements and/or student pick-up arrangements. If needed, please attach copies of court documentation.

