



37 Park Street
Fall River, Massachusetts 02721-1712
Tel. 508-646-6410 Fax. 508-678-9743
Robert Beatty, Executive Director

Student Application

Grades 1-8

2010-2011

Atlantis considers all applicants without regard to race, color, religion, creed, gender, national origin, ethnicity, age, mental or physical disability, ancestry, athletic performance, sexual orientation, proficiency in the English language or foreign language, prior academic performance or any other legally protected status and such information provided in this application will not affect in any way eligibility for enrollment.

Please contact Atlantis if you require this application to be offered in another language.

PLEASE PRINT AND COMPLETE ALL ITEMS ON THIS APPLICATION
Parents/guardians will be contacted should the application be incomplete.

STUDENT INFORMATION

Student's First Name: _____ Date of Birth _____

Student's Middle Name: _____ Gender (circle one): Male Female

Student's Last Name: _____ Social Security Number ____ - ____ - ____

Street Address: _____ P.O. Box or Apt. No.: _____

City, State, ZIP: _____

Home Phone: (____) _____ Work/Emergency: (____) _____

E-mail address where family can be contacted: _____

Please send me school information via e-mail: ____ Yes ____ No

Name of school where student is currently enrolled: _____

Address of school: _____ City, State, ZIP: _____

Grade student will attend in **2010 - 2011**: _____

Student's Place of Birth: _____ Student's Heritage: _____
French, Lebanese, Portuguese, Puerto Rican

Race: (check all that apply) American Indian Asian Black/Non-Hispanic
 Hispanic White/Non-Hispanic

What language is most often spoken at home? _____

Do you require school documents/meetings to be translated to another language? Yes ____ No ____

If so, which language? _____

Is the student receiving special education services based on a current Individual Education Plan (IEP): Yes ____ No ____

Is the student receiving Title I Services? Yes ____ No ____

Is the student eligible for the Migrant Education Program? Yes ____ No ____

FAMILY INFORMATION

Relationship: *mother, father, stepfather, stepmother, grandfather, grandmother, aunt, uncle, guardian, etc.*

Family Relationship _____
First Name _____
Last Name _____
Address _____
P.O. Box or Apt. No. _____
City, State, ZIP _____
Phone (____) _____
Occupation _____
Employer _____
Address _____
City, State, ZIP _____
Phone (____) _____

Family Relationship _____
First Name _____
Last Name _____
Address _____
P.O. Box or Apt. No. _____
City, State, ZIP _____
Phone (____) _____
Occupation _____
Employer _____
Address _____
City, State, ZIP _____
Phone (____) _____

Parents are: *(please check)* Married Divorced Separated Widowed Single
Custodial Parent(s): Both parents Mother Father Other _____

BROTHERS AND SISTERS

As of September 2010

Name _____ DOB _____ School Attending _____ Grade _____
Name _____ DOB _____ School Attending _____ Grade _____

EMERGENCY CONTACTS (list **THREE** people who will assume temporary care of your child if you cannot be reached)

ONLY THOSE INDIVIDUALS LISTED BELOW ARE ALLOWED TO PICK UP YOUR CHILD

Relationship: *family member, friend, neighbor, etc. (do not include your own information again)*

Relationship _____ Relationship _____ Relationship _____
First Name _____ First Name _____ First Name _____
Last Name _____ Last Name _____ Last Name _____
Phone (____) _____ Phone (____) _____ Phone (____) _____

MEDICAL INFORMATION

Special medical conditions or allergies: _____

Medication: _____

Doctor's Name: _____ Telephone _____

Signature of Parent or Guardian *Date*

For school use only
Date Received _____
Date Declined _____ Waiting List for next year? Yes _____ No _____
Date Enrolled _____

For school use only

**Application must be returned to the
Family Learning Center**