



# Student Application

## Grades K-12

### 2019-2020

991 Jefferson Street  
Fall River, Massachusetts 02721  
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**Please print and complete all items on both sides of this application as well as a SIGNATURE AND DATE.**  
**Parents/guardians will be contacted should the application be incomplete.**  
**If you are applying for multiple children, one application per child must be completed and submitted.**

### STUDENT INFORMATION

Student’s First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student’s Middle Name: \_\_\_\_\_ Gender (circle one):      Male      Female

Student’s Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box or Apt. No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address where family can be contacted: \_\_\_\_\_

Name of school where student is currently enrolled: \_\_\_\_\_

Address of school: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Grade student is currently attending in **2018-2019, this Academic School Year:** K 1 2 3 4 5 6 7 8 9 10 11  
(Circle one)

Grade student will attend in **September 2019, the next Academic School Year:** K 1 2 3 4 5 6 7 8 9 10 11  
(Circle one)

Student’s Place of Birth: \_\_\_\_\_ Student’s Heritage: \_\_\_\_\_

French, Lebanese, Portuguese, Puerto Rican

Ethnicity: (please check one) Is the Applicant Hispanic or Latino?  Yes  No

Race: (check all that apply)  Asian  Black or African American  American Indian or Alaska Native

Native Hawaiian/Other Pac Islander  White

What language is most often spoken at home? \_\_\_\_\_

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

If yes, which language? \_\_\_\_\_

**FAMILY INFORMATION** (who does the Applicant live with)

Family Relationship \_\_\_\_\_ Family Relationship \_\_\_\_\_

First Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

P.O. Box or Apt. No. \_\_\_\_\_ P.O. Box or Apt. No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ HomePhone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents are: (please check)  Married  Divorced  Separated  Widowed  Single

Custodial Parent(s):  Both parents  Mother  Father  Other \_\_\_\_\_

**BROTHERS AND SISTERS ONLY** as of September 2019, the NEXT Academic School Year

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY CONTACTS** In the event we are unable to contact you with regards to enrollment

Relationship to child: 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: \_\_\_\_\_

Kindergarten Applicants: It is the expectation that all students entering Kindergarten are fully toilet trained.

Is your child toilet trained during the day? \_\_Yes \_\_No Do they need help with toileting \_\_Yes \_\_No

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

*This document will be destroyed after March 1, 2020.  
You have the right to receive a copy of the document upon request  
if your student is not admitted for the 2019-2020 school year.*

**For school use only**

**Application must be returned to the  
Enrollment Liaison**