



# Student Application

## Grades 9, 10, 11

### 2020-2021

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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: \_\_\_\_\_ Work/Emergency Phone : \_\_\_\_\_

Phone: \_\_\_\_\_ 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 attended last Academic School Year in **2019-2020**:    8    9    10    11

(choose/circle one)

Grade student is in **this current Academic School Year 2020-2021**:    9    10    11

(choose/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** Relationship to child: *mother, father, stepfather, stepmother, grandfather, grandmother, aunt, uncle, etc.*

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 \_\_\_\_\_ Home Phone \_\_\_\_\_  
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 the September 2020 this CURRENT Academic School Year*

Name \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
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 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 \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Daytime 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: \_\_\_\_\_

***Parent/Legal Guardian Signature***

***Date***

By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.

*This document will be destroyed after March 1, 2021. You have the right to receive a copy of the document upon request if your student is not admitted for the 2021-2021 school year.*

**Application Received**

**Enrollment Liaison**