



Student Application

Grades K-11

2020-2021

991 Jefferson Street
Fall River, Massachusetts 02721
Tel. 508-646-6410 ext. 1051
Fax. 508-672-3489
Diane Boutin, Enrollment Liaison
dbout@atlantiscs.org

Deadline to return this Student Application 7/31/2020 4:00PM

Atlantis does not discriminate on the basis of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement. All information requested in the application, such as language spoken at home or race/ethnicity, is not intended and will not be used to discriminate” (G.L. Chapter 71, § 89(m); 603 CMR 1.05(2)). **Please contact Atlantis if you require this application offered in another language.**

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 is Currently attending in **2019-2020, this Academic School Year:** _____

Grade student will attend in **September 2020, the next Academic School Year:** _____

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 The NEXT 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.

Application Received

Enrollment Liaison

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 2020-2021 school year.