



Student Application

Grades 9-11

2019-2020

991 Jefferson Street
Fall River, Massachusetts 02721
Tel. 508-646-6410 ext. 1051 Fax. 508-672-3489
Diane Boutin, Enrollment Liaison
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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:** PK 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**