

# THEA BOWMAN LEADERSHIP ACADEMY

## Student Enrollment Application

Today's Date: \_\_\_\_\_

| Office Use Only          |                        |
|--------------------------|------------------------|
| Enrollment Date          | _____                  |
| <input type="checkbox"/> | Birth Certificate      |
| <input type="checkbox"/> | SS card                |
| <input type="checkbox"/> | Immunization Records   |
| <input type="checkbox"/> | Physical               |
| <input type="checkbox"/> | Parent/Guardian ID     |
| <input type="checkbox"/> | Report Card/Transcript |

### STUDENT'S INFORMATION

Current Grade: \_\_\_\_\_ Grade: (2010-2011) school year: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First M.I.

Student's Address: \_\_\_\_\_  
Street City State Zip Phone

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student's SS#: \_\_\_\_\_ Gender:  Male  Female  
(Kindergarten students must be age 5 by Aug 1)

### FAMILY ORIGIN:

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Native American or Alaskan Native | 2. <input type="checkbox"/> African American | 3. <input type="checkbox"/> Asian or Pacific Islander |
| 4. <input type="checkbox"/> Latin                             | 5. <input type="checkbox"/> Caucasian        | 6. <input type="checkbox"/> Multi-racial              |

Current School: \_\_\_\_\_  
Name

Address City State Zip Phone

### PARENT'S INFORMATION

Custodial Parent/Guardian: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Employment: \_\_\_\_\_

Location: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Employment: \_\_\_\_\_

Location: \_\_\_\_\_

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

### SIBLINGS CURRENTLY ENROLLED AT THEA BOWMAN

| Name  | Grade |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IN CASE OF ILLNESS OR EMERGENCY AND YOU ARE UNAVAILABLE, WHERE SHALL SCHOOL OFFICIALS CALL?:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is your child presently receiving any of the following services?

Title I                       Free/Reduced Lunch

Prior to attending THEA BOWMAN LEADERSHIP ACADEMY, did your child receive Special Education Classes?

Yes                       No

If yes, do you have the most recent Individual Education Plan (IEP)  Yes                       No

Are there any problems of which we should be aware?  Yes                       No

If yes, please explain:

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**NOTE**  
**IF THE APPLICANT IS NOT SELECTED FOR CURRENT SCHOOL YEAR, HE/SHE MAY BE APPLICABLE FOR THE UPCOMING SCHOOL YEAR**

**SUBMIT APPLICATION TO:**  
**THEA BOWMAN LEADERSHIP ACADEMY JR /SR. HIGH SCHOOL**  
**3401 W. 5<sup>TH</sup> AVE.**  
**GARY, IN 46406**  
**219-944-3100 phone**  
**219-977-4780 fax**