



EAST CHICAGO URBAN ENTERPRISE ACADEMY
 Student Enrollment Application
2011-2012

Today's Date _____ Student's Current Grade: _____

Total # of students applying for enrollment _____ Grade Applying for: _____

INSTRUCTIONS: Please complete one application form for each student you wish to enroll in The East Chicago Urban Enterprise Academy.

Student's Name: _____
First M.I. Last (As shown on Birth Certificate)

Student's Social Security Number: _____

Student's Date of Birth _____ Age _____ Birthplace: _____ Male Female
(Kindergarten students must be 5 by Aug 1) City/State

Current School _____
Name

Address _____ City _____ State _____ Zip _____ Phone _____

Is your child presently receiving any of the following services?

Title I Special Education Free/Reduced Lunch

Parent/Guardian: _____ Relationship to Child _____

Address: _____
Street Apt. # City State Zip

Phone: _____
Home Cell Work Email Address

Parent/Guardian's Social Security Number: _____

Siblings Currently Enrolled

Siblings Applying for Enrollment

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Name	Grade Entering
_____	_____
_____	_____
_____	_____
_____	_____

SUBMIT APPLICATION TO:
 East Chicago Urban Enterprise Academy
 1402 E. Chicago Avenue
 East Chicago, IN. 46312
 (219) 392-3650

Legible photocopies of the following documents **MUST** be submitted with a completed application, to the Academy or this application will be incomplete and it will not be processed.

- Student's Birth Certificate _____
- Legal Guardianship Papers (If Applicable) _____
- Home Utility Bill, Mortgage Bill or Lease to verify Indiana residency _____
- Parent/Guardian State of Indiana License or Identification Card _____
- Student's Social Security Card _____
- Updated, Current Physical (**Mandatory for ALL grades**) and Immunization Record with T.B. shot _____

Your child's application will not be accepted until the above information is submitted with this completed application form. You may be asked to provide additional forms, including the original copies of these documents, complete up-to-date health records, including immunization records, and the most recent report card, I.E.P. as applicable, and test scores.

PARENT OR GUARDIAN SIGNATURE

DATE

Date Received: _____

Time Received: _____

Received By: _____

For Office Use Only