



**Asian Human Services
Passages Charter School
Managed by American Quality Schools
1643 W. Bryn Mawr Avenue, Chicago, IL 60660, 773.433.3530**

Mrs. Nicole Feinberg, Director
Students
Mrs. Sue Ziegler, Team Leader
Leader
Mrs. Michelle Washington, Case Manager

Mr. Robert Flick, Dean of
Mrs. Jori Broidy, Team

Student Enrollment Application: 2011-2012 School Year

STUDENT INFORMATION

Student's Last Name _____ First Name _____ M _____

Student's Address: _____

Student's Telephone: _____

Grade applying to: **PK*** **K**** 1 2 3 4 5 6 7 8

**Student must be 4 years old by September 1, 2011 to be considered for Pre-Kindergarten (Born on or by/before September 1, 2007)*

**Pre-Kindergarten program is a full-day program*

***Student must be 5 years old by September 1, 2011 to be considered for Kindergarten (Born on or by/before September 1, 2006)*

Student's Gender: **Male** **Female**

Student's Birth Date: mm/dd/yyyy _____ Student's Age as of Sept. 1, 2011: _____

Student's Birthplace: City: _____ State/Country: _____

Racial/Ethnic Identification: 1 White/Non Hispanic Country: _____

(Circle number and indicate country) 2 Black/Non Hispanic Country: _____

3 American Indian/Alaskan Native

4 Asian/Pacific Islander Country: _____

5 Hispanic Country: _____

0 Other Specific: _____

Student Name: (print) _____

PREVIOUS EDUCATIONAL EXPERIENCES

**Note—this information is not used as a means of selection and will not affect a student's chances for admission*

Last school attended: _____

Address: _____

Phone: _____

Type of school:	1	No Prior School	5	Illinois Private (not Chicago)
(Circle number/type)	2	Chicago Public	6	US Public (not Illinois)
	3	Chicago Private	7	US Private (not Illinois)
	4	Illinois Public (not Chicago)	8	Outside of US

PARENT INFORMATION

Mother's Name: _____ Mother's Birthplace: _____

If different from student's:

Mother's Home Address: _____

Mother's phone numbers: _____

Father's Name: _____ Father's Birthplace: _____

If different from student's:

Father's Home Address: _____

Father's phone numbers: _____

Name of student's Legal Guardian: _____

Guardian's relationship to student: _____

If different from student's:

Guardian's Home Address: _____

Guardian's phone numbers: _____

SIBLING INFORMATION

Siblings who are current students: _____
(Names and Grade) _____

Siblings applying for enrollment: _____
(Names and Grade) _____

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian's Signature: _____ Date: _____

THANK YOU FOR APPLYING TO PASSAGES SCHOOL!

To be filled out by School Personnel:

Date Application Received: _____ Initials: _____

Student Name: (print) _____