

ENROLLMENT APPLICATION

E. H. MOTT LEARNING CENTER

Learner: Last _____ First _____ Middle _____
[PRINT NAME]

Section 1: Learner Data		Date of Enrollment:		
Social Security Number:		Medicaid ID Number:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
Street Address:	City:	State:	County:	Zip Code:
Race:	Ethnicity:		Primary Language:	
School:		Current Grade:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabitates				

Section 2: Parent/Guardian/Legal Representative Data	
Name:	Relationship to Learner:
Contact Information	Physical Address:
	Home Phone: _____ Work/Alternate Phone: _____

Section 3: Academic Details (List the names of the schools attended in the past and dates of attendance.)			
Name of School (Any City/Country)	Grade	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4: Personality and Health
Please provide details of any special aspects of your learner's personality:
Please provide information if your child has any health problems requiring special attention:

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Section 5: Declarations

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these

Parent/Guardian Signature

Date:

Section 6: Admission Procedures

1. The completed admission form along with the copies of birth and health certificates, and the registration fee (non-refundable) must be submitted to the learning center's office.
2. After the admission form has been processed, a date is given an applicant assessment.
3. Parents are informed of the outcome within one week of receiving the most recent grade report of record. If a place is offered, the learner's admission / enrolment must be confirmed, and all financial obligations as negotiated.
4. If, within three days, enrolment is not confirmed, the learner's place is offered to another candidate.

Section 7: For Office Use Only

Enrollment form checked by:

Date checked:

Enrollment form checked by:

- Birth Certificate
- Photograph
- Most Current Grade Report
- Immunizations/Waiver
- Health Examination (*Must be less than 1-year old*)

- Administrator
- Administrative Assistant
- Other:

Describe other: