

## **Student Enrollment Application**

## 2023-2024

## TO BE COMPLETED BY LunaWay

Date Received: Click or tap to enter a date. Received By:

**Reviewed By:** 

**Date:** Click or tap to enter a date.

- Student Information
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Student Name (Last)	
Student Name (First)	
Date of Birth	
Student Preferred Name	
Preferred Pronoun(s)	
Grade	
Anticipated Graduation Year	

Gender at Birth Male 🗌 Female 🗌

		LUNAWAY	
Identifying Gender	Male	Female Other	
Race	Hawaiian or Other Pacific Islander		
Ethnicity	Hispanic, Latir	no, or Spanish Origin Yes 🗌 No	
-Home Address			
-	heck if Mailing	g is Same as Physical 🗌	
Street (Number/Nam Town/State	ie)		
Zip code			
- Parent/ Guardian	Details		
Parent/Guardian Na	me (First)		
Parent/Guardian Na	me (Last)		
Home Telephone No	D.		

	LUNAWAY
Mobile Telephone No.	
Work Telephone No.	
Relationship to Child	
Email Address	
Preferred form of contact	
-School Contact Information	
Person Filling Out This Form	
Primary Contact	
Mobile Telephone No.	
Work Telephone No.	
Fmail	

Preferred form of contact

## - Other Details

Email

Is this child served through an IEP, 504, or EST? If yes, please attach below.

Yes 🗌 No 🗌

Any pertinent details you would like us to know regarding this plan?

LUNAWAY	

Does this child have any medical issues or allergies we should be aware of? If yes, please explain.	Yes No 🗌	
Does this child require any special medical supplies we should have on hand? If yes Please explain below.	Yes 🗌 No 🗌	
Are there any other questions or concerns you would like us to know in regard to the student? If yes please provide details below. (Please attach any additional information or plans)	Yes 🗌 No 🗌	
By signing this, I am certifying that I understand that this application doesn't guarantee a spot, but that it starts the process of a potential enrollment for the identified student.		

Guardian Signature	Date	LEA/Coordinator Signature	Date