New Ark Freedom School at Thirteenth Avenue/MLK School
2016 Child Enrollment Form
(Please complete one form for each child.)

INSTRUCTIONS: Please **complete one form for each child enrolled** in the *Freedom Schools* program.

Today's Date (MM/DD/YEAR): _____/_____/_____

Parent/Guardian's Name (Last, First, MI): _____

Relationship to Child:
- ❏ Father
- ❏ Mother
- ❏ Legal Guardian
- ❏ Foster Parent
- ❏ Grandparent
- ❏ Other _____

Does this child currently live with you?
- ❏ Yes
- ❏ No

What is your child's residential address?

Street:_____ City: _____State:_____ Zip Code:_____

Child's Demographic Information

1. Child's Last Name: _____

   Child's First Name: _____

   Child's Middle Name: _____

2. Child's Preferred Name or Nickname: _____

3. Child's Date of Birth (MM/DD/YEAR): _____/_____/_____

4. Child's Gender:
   - ❏ Male
   - ❏ Female

5. What is your child's primary/native language (language spoken at home)?

   _____

6. Child's Race/Ethnicity (**Check One Only**):

- ☐ African American/Black, non-Latino
- ☐ Native American/Indian or Alaska Native
- ☐ Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Latino/Hispanic
- ☐ European American/White, non-Latino
- ☐ Mixed Heritage
- ☐ Other _____

7. Does this child have a sibling(s) who currently participates, or has participated in the *Freedom Schools* program?

- ☐ Yes
- ☐ No

8. What other academic enrichment or extra-curricular activities does your child participate in during the summer or academic school year (e.g. organized sports, music or dance lessons, academic tutoring, clubs, etc.)?

_____

9. What grade was your child enrolled in during the most **recent** school year (2014-15)?

☐ 2   ☐ 3   ☐ 4

Child's Academic Information

10. Does your child participate in any of the following educational programs (check all that apply)?

- ☐ Bilingual Education
- ☐ ESL/LEP
- ☐ Special Education
- ☐ Gifted and Talented
- ☐ Other_____

11. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability?

- ☐ Yes
- ☐ No

If yes, please explain:

_____

12. Has your child ever repeated a grade?

- ☐ Yes
- ☐ No
- ☐ Unknown

13. If there is anything else that you would like to share about your child, please indicate here.

_____
_____
_____