

2009-2010 Credit Recovery Enrollment Form

21st Century Learning Academy Charter School

www.mullinville.org

200 S. Main, PO Box 124, Mullinville, KS 67109 PH: 620-548-2289 Toll Free: 877-685-5468

* Required fields (must be answered)

*Full Legal Name:

*Mailing Address:

*City:

*State:

*Zip Code:

*Home Phone:

*Cell Phone:

Social Security #:

Grade:

*Birthdate:

*Are you re-enrolling? Yes No

*Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A:

Is this student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

Part B:

What is the student's race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home:

*Parent/Guardian Name:

*Home Address:

*City:

*State:

*Zip Code:

*Home Phone:

Cell Phone:

Employer:

Work Phone:

Email Address:

*In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name:

Relationship to student:

Home Phone:

Work Phone:

Cell Phone:

*Course Information:
Online course(s) requested:
Date to be completed:

*Other immediate family members enrolled in the 21st Century Learning Academy/Charter School	#1	Relationship
	#2	Relationship
	#3	Relationship
	#4	Relationship

*Previous Education Information
What year did you start school in Kansas?
Home USD – what school district do you live in?
Name and address of school last attended
Last grade attended
Did you receive Special Ed services? Yes No If yes, in what area?

***Special Education services are not available with the A+ Curriculum.
Special individualized help is available only at the Mullinville site.***

*Do you have a High School Diploma?	Circle One Yes No	*Do you have a GED?	Circle One Yes No
*HS Diploma School		*GED Testing Site	
*High School Diploma Date		*GED Date	

I attest that the information contained herein is correct to the best of my knowledge.

(Signature Parent/Legal Guardian)	(Date)
(Print Name)	(Date)
(Student Signature)	(Date)
(Print Name)	(Date)
(School Counselor or Principal Signature)	(Date)
(Print Name)	(Date)