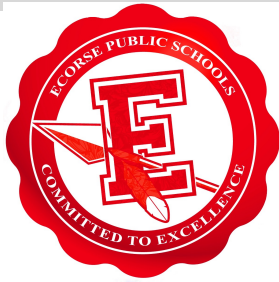


VIRTUAL PROGRAM

ECORSE PUBLIC SCHOOLS



NEW STUDENT APPLICATION

Please clearly print all information with black or blue ink

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ State: _____

City: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Grade Entering: _____ What school year are you applying for? _____

Last School & District Attended: _____

Race or Ethnicity: (check only one) Caucasian Black/African Am. Hispanic/Latino
 Asian Native American Indian

PARENTS/GUARDIAN INFORMATION

Relationship to Student: _____ Relationship to Student: _____

Name: _____ Name: _____

Address: (if different from child's) _____ Address: (if different from child's) _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

With Whom does child reside? _____

Parent/Guardian Signature

Date

**ECORSE
PUBLIC
SCHOOLS**



NEW STUDENT APPLICATION

Please clearly print all information with black or blue ink

SIBLING INFORMATION (Only list siblings that **will be attending Ecorse Public Schools** Pre-K to 12th grade)

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

How did you hear about Ecorse Public Schools?

Ecorse Telegram Website Friend/Family: _____

School Sign Event: Other:

Does your child have any health conditions that should be brought to the school's attention?

(Circle one and provide the school with a doctor's documentation)

Yes No

If yes, please explain in the space provided.

Parent/Guardian Signature

Date