

Albuquerque Talent Development Academy 2015-2016 Pre-Registration

Student ID

Student	Today's Date	Last Name	First Name		MI	Male	Female
Social Security Number			E-mail Address			Home Telephone	
Street Address				Apt. #	Zip Code	Student Cell Telephone	
Date of Birth		Age	Current Grade Registering For?	Birth Place (County Only)		If not USA, years in this country	
Last Two High Schools Attended			Grade	Out of State School Name and Address		Date Last Attended	
1.							
2.							
Student's Ethnicity: Please circle the number of your student's ethnicity from the list below. A second ethnicity may be entered.							
1 = Caucasian / White			4 = American Indian or Alaska Native Tribe: _____				
2 = African American / Black			5 = Asian or Pacific Islander				
3 = Hispanic (of Spanish speaking culture or origin)							

Father	Last Name	First Name		MI	Living with this Parent? Y / N	Legal Guardian Y / N
Street Address				Apt. #	Zip Code	Home Telephone
E-mail Address						Cell Telephone
Employer Name						Work Telephone

Mother	Last Name	First Name		MI	Living with this Parent? Y / N	Legal Guardian Y / N
Street Address				Apt. #	Zip Code	Home Telephone
E-mail Address						Cell Telephone
Employer Name						Work Telephone

Guardian	Last Name	First Name	MI	Living with this Guardian? Y / N	Legal Guardian Y / N
Street Address		Apt. #	Zip Code	Home Telephone	
E-mail Address				Cell Telephone	
Employer Name				Work Telephone	

DO YOU HAVE A BROTHER OR SISTER CURRENTLY ATTENDING ATDA? YES or NO

IF YES – What is your Brother's or Sister's Name _____

List any Medical Condition or Allergies: _____

Name of Primary Physician _____ Phone #: _____

Preferred Hospital _____

EMERGENCY CONTACT INFORMATION

Please list all responsible parties other than parents or legal guardians who are allowed to drop off and/or pick up your child from school. Please note that this information will be used as emergency contacts as well.

Identification is Required

- Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
- Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
- Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

SPECIAL EDUCATION SERVICES

- Have you ever received services as a Special Education Student? Yes _____ No _____
- Speech and Language Services: Yes _____ No _____
- Social Work Services: Yes _____ No _____