

New Horizon Alternative School

Enrollment Form

To be completed by parent/legal guardian or student:

Base School _____ *Entry Date* _____

Pupil's Name _____ *Soc. Sec. No.* _____
Last First Middle

Grade _____ *Race* _____ *Sex* _____ *Date of Birth* _____

Address _____ *Zip* _____

Name of Parent _____ *Address of Parent* _____

Name of Person Having Legal Custody _____ *Address* _____

Last School Attended _____ *Grade* _____ *City* _____ *State* _____

Last School Attended in Bessemer _____ *Year* _____ *Grade* _____

Home Phone _____ *Business Phone* _____ *Cell Phone* _____

Special Education Student? Yes _____ *No* _____ *General Education Student? Yes* _____ *No* _____

Note: Student records will be requested as soon as possible. Enrollment is limited to thirty (30) days, pending receipt of said records.

Comments: _____

Please Circle: Psychologist/Psychiatrist/Probation Officer/Social Worker

Release on file yes or no

Name: _____ **Phone** _____

Name: _____ **Phone** _____

Name: _____ **Phone** _____

Parent/Guardian _____ **Date** _____