

Enrollment Form

Student Information

Full Name _____

Date of Birth _____ Age _____ Male/Female _____

Student will be entering _____ grade in the fall of _____ (year)

Street Address _____ City _____ State ____ Zip _____

Parent/Guardian Information

Full Name _____ Home Phone _____

Workplace _____ Work Phone _____

Street Address _____ City _____ State ____ Zip _____

Email Address _____

Second Parent/Guardian

Full Name _____ Home Phone _____

Workplace _____ Work Phone _____

Street Address _____ City _____ State ____ Zip _____

Email Address _____

More Information *(check all that apply)*

- My child currently resides in the Appleton Area School District.

Name of school previously attended _____

- My child's educational program is currently governed by an I.E.P.
 My child qualifies for free or reduced lunch.

Signed _____ Date _____

*Questions can be referred to David Debbink at (920) 993-7037 or Steve DeMay at demaysteven@aaasd.k12.wi.us.
The Appleton Area School District does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability or handicap in its education program or activities.*