

2024-2025 Enrollment Form

Student Information:

First Name Middle	t Name	Gende	r Grade for 24–25	
Ethnicity: Hispanic/Latino origin?yes no	Native Langu	age:		
Race (check any that apply) White Black	American Indian	Hispanic	Asian Multiracial	
Physical Address (Street, City, Zip)	County	Primary Phone	Secondary Phone	
Mailing Address (if different)	Email address (if you have one)			
Resident School District (ie: Southeast, East Holmes, etc)	Date of Birth	Place of Birth (city)	Social Sec. Number	
Previous School(s) Attended (before enrollment at Beacon Hill;	please note if more than tr	vo previous schools were d	attended)	
School Name		G	Grade Levels Attended	
Is the child currently under an expulsion from the last att				
Is the child currently under an expulsion from the last att Does your child currently receive any special services? If Facts concerning your child's medical history including a which the school should be aware:	so, please specify: llergies, medications cur	rently being taken, any		
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Does your child currently receive any special services? If Facts concerning your child's medical history including a which the school should be aware: Parent/Guardian Information	so, please specify: llergies, medications cur sNo erJoint Custo	rently being taken, any	physical impairments to	
Does your child currently receive any special services? If Facts concerning your child's medical history including a which the school should be aware: Parent/Guardian Information Does the child reside with both parents? Yes If no, who has legal custody?MotherFathe	so, please specify: llergies, medications cur sNo erJoint Custor lered custody decree be prese	rently being taken, any	physical impairments to	
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