

Dreamers Academy

Academic Excellence in English and Spanish



Student Enrollment Application

Today's Date _____

School Year _____

Student Information

Name of Student (*first, middle, and last*) _____

Student Address _____ City _____ State _____ Zip _____

Date of Birth (*m/d/y*) _____ Gender: Male Female

Current School Name & District _____ Current Grade _____

Race/Ethnicity (*optional*) African American Asian Filipino Hispanic
 Native American Pacific Islander White Multiracial Other _____

What language(s) do you speak at home? (*optional*) English Spanish Other _____

Did your child attend a PreK program? Yes No If yes, which one? _____

Parent/Guardian Contact Information

Primary Parent/Guardian Name _____

Home Address _____

Relationship to Child _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Parent Email Address _____

Other Parent/Guardian Information

Other Parent/Guardian Name _____

Home Address _____

Relationship to Child _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Parent Email Address _____

Additional Student Information (*This information is for planning purposes only and will not affect enrollment*)

Which of the following programs has your child been a participant?

Special Education Limited English Proficiency/Bilingual Free/Reduced Lunch

Is there any other information you would like Dreamers Academy to know about your child?

Parent/Guardian Signature _____ Date _____

PLEASE NOTE: *This application does not guarantee your child's acceptance into Dreamers Academy. Please refer to our enrollment policy for details at www.dreamersacademy.org.*