

FORM MUST BE RETURNED TO INNOVATIONS ACADEMY BY: _____

FAILURE TO DO SO WILL RESULT IN SPOT OFFERED TO NEXT APPLICANT

**INNOVATIONS ACADEMY
STUDENT INFORMATION CARD
2017-2018**

STUDENT'S LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ GRADE (FALL) _____ GENDER _____

PROGRAM (circle one): 5-Day 3-Day (only for grades K-2) HLC (Home Learner Community)

ADDRESS: _____

CITY

STATE

ZIP

PHONE NUMBER (FOR AUTOMATED SCHOOL MESSAGES) _____ Home /Cell

I want to receive text messages at this number Yes No

HAS STUDENT **EVER** RECEIVED SPECIAL EDUCATION SERVICES: YES NO

DOES STUDENT HAVE A **CURRENT** :

IEP	YES	NO
504 PLAN	YES	NO

IF YES, PLEASE ATTACH A COPY

NAME OF LAST SCHOOL ATTENDED: _____

STUDENT LIVES WITH:

_____ BOTH PARENTS

_____ MOTHER ONLY

_____ FATHER ONLY

_____ MOTHER/STEP-FATHER

_____ FATHER/STEP-MOTHER

_____ GUARDIAN

_____ OTHER (PLEASE LIST) _____

MOTHER/STEPMOTHER/GUARDIAN NAME _____

PHONE _____ EMAIL ADDRESS _____

FATHER/STEPFATHER/GUARDIAN NAME _____

PHONE _____ EMAIL ADDRESS _____

PARENT SIGNATURE _____ DATE _____