

ENROLLMENT FORM

PLEASE PRINT

Sex: Male Female

Name of Child: _____
Last First Middle

Address: _____ Phone: _____

Date of Birth: ____ / ____ / ____ Proof of Birth: Birth Certificate Passport

Birthplace: _____ Date Entered U.S.: _____
State Country Town If Not Born in the United States

Date Entered: _____ Grade Entering: _____ Entering from: _____
Midland School

Address: _____

OTHER BROTHERS AND SISTERS:

First & Middle Names Date of Birth Place School or grade

In case of emergency notify: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Family Census

Father

Mother

Guardian

Full Name	_____	_____	_____
Birthplace	_____	_____	_____
Birthdate	_____	_____	_____
Level of Education	_____	_____	_____
Occupation	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____

CERTIFICATION STATEMENT: I certify that all of the information on this form is true and am aware that if any statement is willfully false, I am subject to punishment and other sanctions.

Signature of Parent/Guardian Date