



**School Year: 2018-2019**

**DATE:** \_\_\_\_\_

**MUST CHECK ONE:** \_\_\_ Entry      \_\_\_ Withdraw      \_\_\_ Change of Address

**HMONG AMERICAN PEACE ACADEMY ENROLLMENT FORM**

*Print all information. Please note: This form must be fully completed.*

Student Name \_\_\_\_\_  
(Last Name) (First Name) (M.I)

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Gender:  M  F CURRENT GRADE \_\_\_\_\_  
Ethnic Code (mark only one):

Am. Indian     Black       Asian       Hispanic       White       Hmong

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**STUDENT CONTACT INFORMATION**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Student Lives With:  Mother     Father       Guardian

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Check all and/or complete all requested information regarding the student:

- Special Education Student (LD, ED, CD, Speech & Language, OHI, or other)
- At-Risk Student, At-Risk Program Code \_\_\_\_\_
- 504 \_\_\_\_\_

Previous School \_\_\_\_\_ Previous School Withdrawal Date \_\_\_\_\_

Other \_\_\_\_\_

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**ADMINISTRATION INFORMATION (To be completed by School Staff)**

MPS ID# \_\_\_\_\_ Entry Date to HAPA \_\_\_\_\_

Special Education: \_\_\_ Yes \_\_\_ No

Previous School \_\_\_\_\_

Date CUM Requested \_\_\_\_\_ Date CUM Received \_\_\_\_\_

Administrator who reviewed CUM \_\_\_\_\_ Date Cum Reviewed \_\_\_\_\_