



School Year: 2019-20

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

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 _____

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 _____