



# EAST CHICAGO URBAN ENTERPRISE ACADEMY



Student Enrollment Application

**2012-2013**

Today's Date \_\_\_\_\_

Student's Current Grade: \_\_\_\_\_

Total # of students applying for enrollment \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

**INSTRUCTIONS: Please complete one application form for each student you wish to enroll in The East Chicago Urban Enterprise Academy.**

Student's Name: \_\_\_\_\_  
First M.I. Last (As shown on Birth Certificate)

Student's Social Security Number: \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
(Kindergarten students must be 5 by Aug 1)

Primary Language \_\_\_\_\_ Age \_\_\_\_\_ Birthplace: \_\_\_\_\_ Male Female  
City/State

Parent/Guardian: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone: \_\_\_\_\_  
Home Cell Work Email Address

Parent/Guardian's Social Security Number: \_\_\_\_\_

Current School \_\_\_\_\_  
Name Address Phone

Is your child presently receiving any of the following services?

Title I

Special Education

Free/Reduced Lunch

Siblings Currently Enrolled

Siblings Applying for Enrollment

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name	Grade Entering
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBMIT APPLICATION TO:  
East Chicago Urban Enterprise Academy  
1402 E. Chicago Avenue  
East Chicago, IN. 46312  
(219) 392-3650

Legible photocopies of the following documents **MUST** be submitted with a completed application, to the Academy or this application will be incomplete and it will not be processed.

- Student's Birth Certificate \_\_\_\_\_
- Legal Guardianship Papers (If Applicable) \_\_\_\_\_
- Home Utility Bill, Mortgage Bill or Lease to verify Indiana residency \_\_\_\_\_
- Parent/Guardian State of Indiana License or Identification Card \_\_\_\_\_
- Student's Social Security Card \_\_\_\_\_
- Updated, Current Physical (**Mandatory for ALL grades**) and Immunization Record with T.B. shot \_\_\_\_\_

Your child's application will not be accepted until the above information is submitted with this completed application form. You may be asked to provide additional forms, including the original copies of these documents, complete up-to-date health records, including immunization records, and the most recent report card, I.E.P. as applicable, and test scores.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

For Office Use Only