



PRE ENROLLMENT FORM

Burke Basic School

School Official	Date Received by School	Time Received
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Please Print Clearly and Fill Out Completely

STUDENT				
Name	Sex	Race	Birth Date / /	Current Grade
Current/Last School	School District			
Does your child have an Individual Education Plan (IEP) or ever Participated in any Special Ed. Or Speech classes? __ Yes __ No	What is the Primary Language of your child?			
STUDENT				
Name	Sex	Race	Birth Date / /	Current Grade
Current/Last School	School District			
Does your child have an Individual Education Plan (IEP) or ever Participated in any Special Ed. Or Speech classes? __ Yes __ No	What is the Primary Language of your child?			
STUDENT				
Name	Sex	Race	Birth Date / /	Current Grade
Current/Last School	School District			
Does your child have an Individual Education Plan (IEP) or ever Participated in any Special Ed. Or Speech classes? __ Yes __ No	What is the Primary Language of your child?			
PARENTS				
Parent/Guardian				
Street Address				
City, State, Zip				
Home Phone	Work Phone	Cell/Beeper	Msg Phone	
Signature of Parent/Guardian			Date	
How did you hear about the school?				
<input type="checkbox"/> Door Hanger	<input type="checkbox"/> Flyer	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV Ad	
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Sign	<input type="checkbox"/> _____	
Comment				