



A Free Public K-6 Charter School
www.HolsteinerSchools.com
520-568-8620

STUDENT APPLICATION

Student Information *(please PRINT legibly)*

Student Full Name _____ Male ____ Female ____

Grade Applying for _____ Date of Birth _____
(If applying for Kindergarten, student must be turning 5 before December 31st.)

Birth City _____ Birth State _____

(Please attach a copy of your child's Birth Certificate) Ethnicity / Race _____

Home Street Address _____

City _____ State _____ Zip _____

Emergency Contact Number _____ Contact Name _____

Previous School Information

Grade _____ School _____

School Phone _____ School City, State _____

Family Information

Mother's Name _____ Occupation _____

Mother's Address _____

Employer _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Best way to contact you (check one): ____ Home Phone ____ Cell Phone ____ Work Phone ____ Email

Father's Name _____ Occupation _____

Father's Address _____

Employer _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Best way to contact you (check one): ____ Home Phone ____ Cell Phone ____ Work Phone ____ Email

Holsteiner Agricultural School offers educational and employment opportunities without regard to race, color, national origin, religion, gender or disability.

Family Information (Continued)

Please list all siblings below:

1. Brother/Sister Name _____ Age _____ Grade _____
2. Brother/Sister Name _____ Age _____ Grade _____
3. Brother/Sister Name _____ Age _____ Grade _____
4. Brother/Sister Name _____ Age _____ Grade _____
5. Brother/Sister Name _____ Age _____ Grade _____

Is the student in this application currently enrolled in any special education classes/programs or does the student have a current or expired IEP? Yes No

Has the student in this application had any early intervention? Yes No

Has the student in this application attended any Early Childhood programs? Yes No

Has the student in this application attended any preschool classes? Yes No

If so, where? _____

If you answered yes to any questions above please attach copies of IEPs, Evaluations, Preschool Transcripts and/or report cards.

I hereby grant Holsteiner Agricultural School permission to use the pupil record of the student named in this application for evaluation and research purposes, under the condition that all information from this record be used under strict conditions of anonymity and confidentiality.

Parent Signature _____ Date _____

I am aware that Holsteiner Agricultural School does NOT provide transportation to or from school. _____ (parent/guardian initial)

Please indicated which form of transportation your child will be using when leaving school:

walking biking parent/guardian person(s) listed on Emergency Blue Card

How did you hear about our school? Friend/Family Teacher Website Ad/Banner Other

I hereby certify that I am the legal guardian for the named student on this application and the information that I have provided is accurate and true.

PRINT Name _____ Relationship to Student _____

Parent/Guardian Signature _____ Date _____

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