



**Princeton House Charter School**  
**Student Application Form**  
(Forma de Application de Estudiantes)

<b>For Office Use</b>	
Date Received	_____
Student #	_____

**Student Information**

**Student SSN:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_  
(Numero do Seguro Social) (Grado)

**Student Legal Name:** \_\_\_\_\_  
Last (Apellido) First (Primer Nombre) Middle (Segundo Nombre)

**Home Address:** \_\_\_\_\_  
(Direccion) Number (Numero) Street Name (Calle) Type (Tipo) Apartment/Building/Other(apt/edif, otrp)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
(Ciudad) (Estado) (Codigo Postal)

**Parent Information**

<b>Mother's Name:</b> _____	<b>Father's Name:</b> _____
<b>Mother's Email:</b> _____	<b>Father's Email:</b> _____
<b>Mother's Address:</b> _____ (Madres Direccion)	<b>Father's Address:</b> _____ (Padres Direccion)

<b>Mother's Home Phone:</b> _____ (Tel. Hogar)	<b>Father's Home Phone:</b> _____ (Padres Tel. Hogar)
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<b>Mother's Cell Phone:</b> _____	<b>Father's Cell Phone:</b> _____
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<b>Mother's Work Name:</b> _____ (Madres Trabejo Nombre)	<b>Father's Work Name:</b> _____ (Padres Trabejo Nombre)
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<b>Mother's Work Address:</b> _____ (Madres Trabejo Direccion)	<b>Father's Work Address:</b> _____ (Padres Trabejo Direccion)
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<b>Mother's Work Phone:</b> _____ (Madres Tel. Trabejo)	<b>Father's Work Phone:</b> _____ (Padres Tel. Trabjo)
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<b>Legal Guardian:</b> ___yes ___no	<b>Legal Guardian:</b> ___yes ___no
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**Student History**

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
(Fecha de Nacimiento) (Lugar de Nacimiento)

**Sex:** \_\_\_ Male \_\_\_ Female **Race:** \_\_\_\_\_ **Home Language:** \_\_\_\_\_  
(Sexo) (Raza) (Principal del Hogar)

**Current School Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
(Nombre de Escuela)

**School Type:** Public School: \_\_\_ Private School: \_\_\_ Charter School: \_\_\_ McKay Scholarship \_\_\_ Home \_\_\_  
(Escuela Tipo)

Does your child have a primary diagnosis of Autism Spectrum Disorder? \_\_\_ YES \_\_\_ NO  
Does your child have an IEP? \_\_\_ YES \_\_\_ NO Name of Each ESE/IEP Program from your school district?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Any Additional Health Problems or Medical Diagnosis:**

(Descripcion de Problemas de Salud)

**Please list all medications and dosages for your child:** \_\_\_\_\_

**Parent / Legal Guardian Signature**

**Parent / Legal Guardian Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name**

**Print Name**

**Please submit a copy of your child's current IEP and any additional paperwork that will assist us in determining a placement for your child.**

**Diagnosis of ASD (Autism Spectrum Disorder) will be required.**