

Date Submitted: _____

STUDENT INFORMATION OPPORTUNITY INC

CHILD'S NAME _____
Last First Middle Initial

NICKNAME _____

DOB _____ GENDER MALE () FEMALE ()

WAS CHILD PREVIOUSLY ENROLLED? Yes() NO()

DOES CHILD HAVE RELATIVE THAT WAS PREVIOUSLY ENROLLED? YES() NO()

DOES CHILD HAVE RELATIVE THAT IS CURRENTLY ENROLLED? YES() NO()

CARE NEEDED BY Date: ____/____/____ PREFERRED LANGUAGE: _____

ADDRESS _____

CITY, STATE, ZIP City _____ State _____ Zip _____

MOTHERS NAME _____
Last First

FATHERS NAME _____
Last First

PERSON TO CONTACT _____

HOME PHONE # (____) _____

WORK PHONE # (____) _____

CELL # (____) _____

FOR INTERNAL USE ONLY

1ST CONTACT

DATE: _____ RESPONSE: _____

ADMINISTRATOR: _____

2ND CONTACT

DATE: _____ RESPONSE: _____

ADMINISTRATOR: _____

STUDENT START DATE: _____

ROOM ASSIGNMENT: _____

ProCare: Yes / No Date: _____

Teacher Informed?

Quickbooks: Yes / No Date: _____

Yes / No Date: _____

By: _____