Date Received:	-
Received By:	-
Middle School	_
High School	



Siblings or family members enrolled/ap Memphis Business Academy:	pplying at
Name	Grade

**Note**: The information collected on this application will be used to determine eligibility for enrollment and to collect prospective student information. It will not be used to discriminate on the basis of race, color, national origin, creed, sex, or ethnicity. This information will be kept confidential.

(last name)	(first name)	(middle name)	Sex
,	,		
Home Phone No.	Soc. Sec. #	Birthdate	
Birth City	County	State Nation	Race
Is English primary language s	spoken by student? Yes	.No	
If No, home language		Is English language limited	d? Yes No
Home Address		Is address on federal prop	erty? YesNo
(street number) (s	street name & destination) (apt no.) (apt no.)	zip code)	
Assigned School 2020-2021	(Assigned saheel new years adds	Grade	
Last school attended		Grade	
Are you here on a school transfe	er? Yes No		
Is student currently enrolled or l	has student ever been enrolled in	a Special Education or Resource I	Program? Yes No n? Yes No
		a Special Education or Resource I Does your child have a 504 Plan	Program?         Yes No           n?         Yes No
Has the student had or currently		Does your child have a 504 Plan	Program?         Yes No           n?         Yes No           13 Hemophilia (bleeder)
Has the student had or currently  1 No known health problem	has the following:	Does your child have a 504 Plan  9 Tuberculosis contact date	13 Hemophilia (bleeder)
Has the student had or currently  1 No known health problem  2 Asthma	has the following:  5 Hearing difficulties	Does your child have a 504 Plan  9 Tuberculosis contact date	13 Hemophilia (bleeder)
Has the student had or currently	has the following:  5 Hearing difficulties  6 Speech difficulties  7 Heart Problems	9 Tuberculosis contact date 10 Seizures (Epilepsy)	Yes No  13 Hemophilia (bleeder)  14 Sickle Cell Anemia  15 Sinusitis
Has the student had or currently  1 No known health problem  2 Asthma  3 Allergies  4 Eye problems	has the following:  5 Hearing difficulties  6 Speech difficulties  7 Heart Problems  8 Surgery (type) date	9 Tuberculosis contact date 10 Seizures (Epilepsy) 11 Diabetes	Yes No  13 Hemophilia (bleeder)  14 Sickle Cell Anemia  15 Sinusitis  16 Medical Diet prescribed  17. other
Has the student had or currently  1 No known health problem  2 Asthma  3 Allergies  4 Eye problems    (other than glasses)  Instructions for assistance for about the student of the stud	has the following:  5 Hearing difficulties  6 Speech difficulties  7 Heart Problems  8 Surgery (type) date  bove medical problem(s):	9 Tuberculosis contact date  10 Seizures (Epilepsy)  11 Diabetes  12 Kidney problems	Yes No  13 Hemophilia (bleeder)  14 Sickle Cell Anemia  15 Sinusitis  16 Medical Diet prescribed  17. other
Has the student had or currently  1 No known health problem  2 Asthma  3 Allergies  4 Eye problems (other than glasses)  Instructions for assistance for above the prescribed Medicine Taken On the prescribed Medicine	has the following:  5 Hearing difficulties  6 Speech difficulties  7 Heart Problems  8 Surgery (type) date  bove medical problem(s):  A Regular Basis:	9 Tuberculosis contact date  10 Seizures (Epilepsy)  11 Diabetes  12 Kidney problems	13 Hemophilia (bleeder)  14 Sickle Cell Anemia  15 Sinusitis  16 Medical Diet prescribed  17. other

Doctor or Clinic		ne No	Hospital	
Disability		May student participate in all school activities? YesNo		
If no, list instructions				
Student lives with: Father Gua	Yes /No Mother Yes /No Yes /No	No Stepmother Yes/	No Stepfather Yes/ No	
Is parent/guardian on active du	ty? Yes No If yes, w	hich branch of service		
Is parent/guardian employed or	n federal property? Yes No	If yes, where		
Father's name	Employer	work phone	Cellphone	
Mother's name	Employer	work phone	Cellphone	
Guardian's name(if other than parent)	Employer	work phone	Cellphone	
Emergency Friend #1	Relat	tionship	Daytime Phone	
Emergency Friend #2	Relat	tionship	Daytime Phone	
Instructions for pickup, daycare,	etc			
Parents/guardians, we need to know	ow how your child will be going l	home. Please put an X in the	appropriate space below:	
	Ride MATA	Bus	Walk home	
Picked up by car		**	D4	
Picked up by car  Drive Themselves	Ride Daycar	e Van	Other	
	Ride Daycar Ride MBA B		Other	
Drive Themselves	Ride MBA Bu		Other	
Drive Themselves  Please list all people authorized to	Ride MBA Bu	us	Contact Number	
Drive Themselves  Please list all people authorized to 1. Name	Ride MBA Bu	us(		