



The MBA Experience: Growing tomorrow's leaders to transform lives and communities.

Dr. LaWanda M. Clark, Principal
Memphis S.T.E.M. Academy
2450 Frayser Blvd, Memphis, TN 38127
Work: 901-353-1475 FAX: 901-308-1430
lawanda.clark@mbaexecutives.org

Date: \_\_\_\_\_

MBA Employee Signature \_\_\_\_\_

Please return or fax Student Application to the information indicated above.

Are you a former MSA Student: Yes ( ) No( )

Daycare Provider: \_\_\_\_\_ Daycare number \_\_\_\_\_

Car Rider: Yes( ) No( ) Walker: Yes( ) No( )

All students that are walkers must be accompanied by an adult or older relative.

Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Grade for 2016-2017: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Birth State/Nation: \_\_\_\_\_ Birth City: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Hispanic or Latino: Yes ( ) No ( )

Please Circle One:

Table with ethnic codes (Black/African American, Asian, Indian, Pacific Islander or Native Hawaiian, White, Hispanic) and a section for listing siblings with columns for Student's Name, Elementary/Middle/High school, and Relationship.

Is a language other than English spoken in the home? Yes ( ) No ( )

Language \_\_\_\_\_ Country of Origin \_\_\_\_\_



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Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 1/Guardian Student Lives With:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employed By: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employed By: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Custody Information

Custody Alert? Yes ( ) No ( )

If yes, please attach an explanation including a COPY of any court orders.

Medical Alert: Please complete the "Confidential Health Information Form"

Does this student have any medical conditions? Yes( ) No( )

Special Education Information:

Has student ever been enrolled in a Special Education/Resource/504/Gifted Program? Yes ( ) No ( )

If yes, what type of program? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Other persons to call in case of emergency or illness: Only parents/guardians listed below may check out your child. Emergency contacts must be 18 or older and will be required to provide ID.

Table with 2 columns: Contact 1, Contact 2



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Form with contact information fields for Name, Cell Number, and Relationship to Child, including Contact 3 and Contact 4 sections, and a notice about the Phone Tree Notification System.

Last school attended
City State Date withdrawn

Has this student ever been enrolled in a Tennessee School? Yes( ) No( )

Has this student ever been previously enrolled in a Shelby County School? Yes ( ) No( )

If yes, please list the Tennessee School/SCS School Name, City, Year

Are you here on a school transfer? Yes No

Is this student currently under suspension/expulsion at another school? Yes ( ) No ( )

Has this student been adjudicate (giving a ruling) delinquent for having committed a violent crime? Yes ( ) No( )

I certify that information contained in this application is true and complete. I understand that false information may be grounds for my child to not be accepted into Memphis Business Academy Elementary or dismissal from Memphis Business Academy Elementary at any point in the future if my child is accepted. I authorize the verification of any or all information listed above.

Parent Signature Date