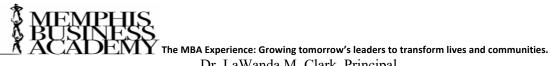
	Date:			
MEMPHIS.	MBA Employee Signature			
The MBA Experience: Growing tomorrow's leaders to transform lives and communities. Dr. LaWanda M. Clark, Principal Memphis S.T.E.M. Academy 2450 Frayser Blvd, Memphis, TN 38127 Work: 901-353-1475 FAX: 901-308-1430				
	<u>@mbaexecutives.org</u> ation to the information indicated above.			
Are you a former MSA Student: <u>Yes () No()</u>				
Daycare Provider:	Daycare number			
Car Rider: <u>Yes() No()</u> Walker: <u>Yes() No()</u> 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 Ethnic Codes:	<u>Circle One:</u>			
Black/African American Asian	Indian			
Pacific Islander or Native Hawaiian W	Vhite Hispanic			
Female Male				
1. Does the student have siblings or other relatives that attends MBA? Yes No If so, please list them:				
Student's Name: Elementary, Mide (circle one				
Elementary, Mido	lle, High			
Elementary, Mido	lle, High			
Elementary, Mido	lle, High			
Is a language other than English spoken in the home? Yes () No ()				
Language	Country of Origin			

	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
Home Address:	
City/State/Zip:	Home Phone:
Cell Number:	Email:
Parent 1/Guardian Studen	t 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 ()	
	lanation including a COPY of any court orders.
Medical Alert: Please com Does this student have any	plete the "Confidential Health Information Form" medical conditions? Yes() No()
Dues this student have any	
Special Education Infor	mation:
Has student ever been en No ()	rolled in a Special Education/Resource/504/Gifted Program? Yes ()
If yes, what type of program	n?
Where?	When?

Contact 1:	Contact 2:



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

Name:	Name:		
Cell Number:	Cell Number:		
Relationship to Child:	Relationship to Child:		
Contact 3:	Contact 4:		
Name:	Name:		
Cell Number:			
Relationship to Child:	Relationship to Child:		
	ystem to help keep parents informed of school activities contact information be up to date in case of emergency.		
Last school attended			
CityState	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) delives (<u>) No(</u>) I certify that information contained in this application information may be grounds for my child to not be a Elementary or dismissal from Memphis Business Acc child is accepted. I authorize the verification of any of	on is true and complete. I understand that false accepted into Memphis Business Academy ademy Elementary at any point in the future if my		

Parent Signature	Date