



| FOR SCHOOL USE               |  |
|------------------------------|--|
| Date of Application Received |  |
| Time Received                |  |
| Grade Applying for           |  |

## 2017-2018 Enrollment Application

**Grade Applying for (Circle One): K 1 2 3 4 5 6 7**

**Student Information (Please PRINT All Information)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Student Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_ Sex: M F Social Security No: \_\_\_\_\_

**Please circle one or more of the following that best describes your child:**

- Hispanic/Latino    American Indian/Alaskan Native    Asian  
 Black/African American    Native Hawaiian/Pacific Islander    Caucasian    Other \_\_\_\_\_

### Parent/Guardian Information (Please PRINT All Information)

|   |   |
|---|---|
| <p>_____<br/>Mother's / Legal Guardian's name</p> <p>_____<br/>Stepparent (if any)</p> <p>_____<br/>Physical Home Address</p> <p>_____<br/>City                      State                      Zip code</p> <p>_____<br/>Mailing address (if different from above)</p> <p>_____<br/>City                      State                      Zip code</p> <p>_____<br/>Home phone</p> <p>_____<br/>Work phone</p> <p>_____<br/>Email address</p> <p>_____<br/>Cell phone</p> <p>With whom does the student live?    Mother    Father    Both    Other _____</p> <p><b>Guardianship papers attached:</b>    Yes    No    NA</p> | <p>_____<br/>Father's / Legal Guardian's name</p> <p>_____<br/>Stepparent (if any)</p> <p>_____<br/>Physical Home Address</p> <p>_____<br/>City                      State                      Zip code</p> <p>_____<br/>Mailing address (if different from above)</p> <p>_____<br/>City                      State                      Zip code</p> <p>_____<br/>Home phone</p> <p>_____<br/>Work phone</p> <p>_____<br/>Email address</p> <p>_____<br/>Cell phone</p> |
|---|---|

If you are not the student's birth parent, please provide a **Certified Copy** of the Transfer of Custody/Legal Guardianship. Documentation indicating the purpose of the transfer of custody may also be requested. Legal Guardians must be: (1) appointed by the court, (2) awarded custody by a court judgment or (3) granted temporary custody by a state agency. A notarized statement not in compliance with the laws governing custody by mandate is not considered proof of guardianship.

**List any other matters concerning your child's admission:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

**Tangi Academy Student: \_\_\_ Enrolled or \_\_\_ New Applicant**

- I intend to re-enroll my child at Tangi Academy as a returning student. This form will serve as the re-enrollment document.
- I intend to enroll a **sibling** at Tangi Academy as a **new student**. This form will serve as the intent to enroll.
- I am **declining** re-enrollment at Tangi Academy for the 2017-2018 School Year (as a **returning student**). I understand that a spot will not be reserved for my child in the 2017-2018 School Year.

| School Name      | School Phone  | City, State                        | Years Attended | Reason for Leaving (promotion, move, expulsion, etc.) |
|------------------|---------------|------------------------------------|----------------|---|
|                  |               |                                    |                |   |
|                  |               |                                    |                |   |
|                  |               |                                    |                |   |
| Name of Siblings | Date of Birth | Name of School Currently Attending |                | Grade   |
|                  |               |                                    |                |   |
|                  |               |                                    |                |   |
|                  |               |                                    |                |   |

I certify that I am legally responsible for the child for whom this application is being made and have the legal right to apply, on behalf of the child, for admissions and to register the child if placement is offered. I have responded to all sections of this application and certify that all the information contained herein is true to the best of my knowledge. I understand that falsification of any part of this application will render the entire application void and any placement offered will thereby be revoked.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**~Thank you for applying to Tangi Academy~**

**Who may we thank for referring your family to us?**

**Name/Organization:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Please mail this application to the address below:**

**Tangi Academy  
Post Office Box 12  
Hammond, LA 70404**