

Date Received: _____

Received By: _____

Middle School _____

High School _____

Siblings or family members enrolled/applying at Memphis Business Academy:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____



**MEMPHIS
BUSINESS
ACADEMY**
MEMPHIS BUSINESS ACADEMY
ENROLLMENT APPLICATION
2022-2023

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 spoken by student? Yes _____ No _____

If No, home language _____ Is English language limited? Yes _____ No _____

Home Address _____ Is address on federal property? Yes _____ No _____
(street number) (street name & destination) (apt no.) (zip code)

Assigned School 2020-2021 _____ Grade _____
(Assigned school per your address)

Last school attended _____ Grade _____

Are you here on a school transfer? Yes _____ No _____

Is student currently enrolled or has student ever been enrolled in a **Special Education or Resource Program**? Yes _____ No _____
Does your child have a 504 Plan? Yes _____ No _____

Has the student had or currently has the following:

- | | | | |
|---|---|--|--|
| 1. ___ No known health problem | 5. ___ Hearing difficulties | 9. ___ Tuberculosis contact date _____ | 13. ___ Hemophilia (bleeder) |
| 2. ___ Asthma | 6. ___ Speech difficulties | 10. ___ Seizures (Epilepsy) | 14. ___ Sickle Cell Anemia |
| 3. ___ Allergies | 7. ___ Heart Problems | 11. ___ Diabetes | 15. ___ Sinusitis |
| 4. ___ Eye problems
(other than glasses) | 8. ___ Surgery (type) _____
date _____ | 12. ___ Kidney problems | 16. ___ Medical Diet prescribed
17. other _____ |

Instructions for assistance for above medical problem(s): _____

Prescribed Medicine Taken On A Regular Basis: _____ Taken at school ___ Yes ___ No

Special Condition (Possible Life-Threatening Condition) _____
(Such as food allergies, bee stings, etc.)

1st Email Address: _____ 2nd Email Address _____

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO PROVIDE THE SCHOOL WITH SPECIFIC EMERGENCY PROCEDURES.

Insurance/Health Plan _____ Number _____

Doctor or Clinic _____ Phone No. _____ Hospital _____

Disability _____ May student participate in all school activities? Yes ___ No ___

If no, list instructions _____

Student lives with: Father ___ Yes /No ___ Mother ___ Yes /No ___ Stepmother ___ Yes/ No ___ Stepfather ___ Yes/ No ___
Guardian ___ Yes No ___

Is parent/guardian on active duty? ___ Yes ___ No **If yes, which branch of service** _____

Is parent/guardian employed on federal property? ___ Yes No ___ **If yes, where** _____

Father's name _____ Employer _____ work phone _____ Cellphone _____

Mother's name _____ Employer _____ work phone _____ Cellphone _____

Guardian's name _____ Employer _____ work phone _____ Cellphone _____
(if other than parent)

Emergency Friend #1 _____ Relationship _____ Daytime Phone _____

Emergency Friend #2 _____ Relationship _____ Daytime Phone _____

Instructions for pickup, daycare, etc _____

Parents/guardians, we need to know how your child will be going home. Please put an X in the appropriate space below:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Picked up by car | <input type="checkbox"/> Ride MATA Bus | <input type="checkbox"/> Walk home |
| <input type="checkbox"/> Drive Themselves | <input type="checkbox"/> Ride Daycare Van | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Ride MBA Bus | |

Please list all people authorized to pick up your child.

1. Name _____ Relationship _____ Contact Number _____

2. Name _____ Relationship _____ Contact Number _____

3. Name _____ Relationship _____ Contact Number _____

Your signature verifies that the information provided on this form is accurate and complete.

(PARENT OR GUARDIAN'S SIGNATURE)

(DATE)