

Santa Fe School for the Arts & Sciences

Application for Enrollment

A non-refundable fee of \$50.00 must accompany this application (this fee is waived if you are applying for financial assistance)

5912 Jaguar Dr.
Santa Fe, NM 87507
505-438-8585

Date of Application _____ For School Year _____ Entering Grade _____

Child's Name _____ Sex _____ Birthdate _____
Birthplace _____ Age as of 9/1/11 _____

Names and ages of other children in the family _____

Language(s) spoken at home _____

Does your child speak any other language? _____

If child is adopted: Age at adoption _____ Does your child know? _____

Parent/Guardian _____ Does child live with you? _____

Home Phone _____ Work Phone _____ Cell # _____

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____ Occupation _____

Employer _____ Email _____

Parent/Guardian _____ Does child live with you? _____

Home Phone _____ Work Phone _____ Cell # _____

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____ Occupation _____

Employer _____ Email _____

Emergency Contact (Other than Parents) :

Name _____ Phone Numbers _____

Relationship to Child _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

If your child has attended other schools, please provide name, address of school and dates attended: _____

Please provide the names and phone numbers of two of your child's most recent teachers:

1) _____ 2) _____

How did you hear about our school? _____

Please tell us about your child, ie. Special interests, particular challenges, school experiences, hobbies, favorite activities, favorite school subjects, etc.;

Does your child have any health problems we should be aware of? Is your child on any medication(s)?

Does your child have any learning differences? Learning disabilities? Gifted? Does your child have an IEP (individualized education plan) with the public school system?

Does your child currently receive any speech, occupational, physical or psychological counseling? _____

Is there anything else that would be helpful for us to know about your child or family? _____

Do you plan on applying for financial assistance? _____

Santa Fe School for the Arts & Sciences does not discriminate on the basis of race, color, gender, national or ethnic origin, sexual orientation or disability in administration of its educational policies, admission policies, scholarship or loan programs, and athletic or other school administered programs. Santa Fe School for the Arts & Sciences is a 501(c)(3) nonprofit organization.

Santa Fe School for the Arts and Sciences
Elementary School

Request for Records

I, _____, authorize the release of information and records
parent/guardian name

for _____ from the following school _____
student's name name of recently attended school

to the Santa Fe School for the Arts and Sciences.

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Parents: Please send this form to your child's most recent school.

The above student has applied for admission for Santa Fe School for the Arts and Sciences.

Please send:

a complete transcript including the current year to date
test scores or progress reports
vaccination and health records

to: Santa Fe School for the Arts and Sciences
Admissions
5912 Jaguar Drive
Santa Fe, NM 87507
505-438-8585

Thank you for your prompt attention to this request.

In accordance with the Family Education Rights and Privacy Act of 1974, this form will authorize the school named above to release all records, including transcripts, immunization history, psychological, social, educational or developmental information regarding the above named student.