

# THE IJOBA SHULE

**ENROLLMENT FORM FOR SCHOOL YEAR AUGUST 2007 TO JUNE 2008**

## STUDENT INFORMATION

STUDENT NAME (last, first, middle - as on Social Security Card)		GRADE AS OF AUG 2007	DATE OF BIRTH	<input type="checkbox"/> MALE
				<input type="checkbox"/> FEMALE
PRIMARY HOME ADDRESS (Please list only one)			PHONE	
PRIMARY E-MAIL CONTACT ADDRESS			FAX	
SOCIAL SECURITY NUMBER	STUDENT'S SCHOOL DISTRICT	STUDENT'S PHONE (if different)		

## STUDENT SIBLINGS

NAME	DATE OF BIRTH	SCHOOL ATTENDING
1.		
2.		
3.		

## FAMILY INFORMATION ( Check here if home/phone/fax is same for both parents and student )

Parent Name	Relationship to Student	Parent Name	Relationship to Student
Home Address		Home Address	
Home Phone		Home Phone	
Home Fax		Home Fax	
Home E-mail		Home E-mail	
Cell		Cell	
<b>Employer</b>		<b>Employer</b>	
Occupation	Type of Business	Occupation	Type of Business
Business Address		Business Address	
Business Phone		Business Phone	
Business Fax		Business Fax	
Business E-mail		Business E-mail	
Cell		Cell	

## IF ABOVE PARENT IS REMARRIED< PLEASE COMPLETE THE FOLLOWING:

NAME OF STEP-PARENT		NAME OF STEP-PARENT	
<b>Employer</b>		<b>Employer</b>	
Occupation	Type of Business	Occupation	Type of Business
Business Address		Business Address	
Business Phone		Business Phone	
Business Fax		Business Fax	
Business E-mail		Business E-mail	
Cell		Cell	

**STUDENT LIVES WITH (Check all/any that apply)**

<input type="checkbox"/> Mother	<input type="checkbox"/> Father & Stepmother	<input type="checkbox"/> Maternal Grandparent (Specify Name) :
<input type="checkbox"/> Father	<input type="checkbox"/> Mother & Stepfather	<input type="checkbox"/> Paternal Grandparent (Specify Name) :
<input type="checkbox"/> Father & Mother		<input type="checkbox"/> Co-Parent/Partner (Specify Name) :
<input type="checkbox"/> Other (Specify name and relationship to student) :		
<input type="checkbox"/> Description of Special Living Situations:		

MATERNAL GRANDPARENTS	PATERNAL GRANDPARENTS
Name:	Name:
Address (City/State/Zip)	Address (City/State/Zip)
Name:	Name:
Address (City/State/Zip)	Address (City/State/Zip)

**DIRECTORY INFORMATION**

Check here if you **do** wish to be listed in The Ijoba Shule (TIS) Student and Parent Directory.

Check here if you **do not** wish to be listed in TIS Student and Parent Directory.

Check here if only **certain name(s) listed below should not** be listed in TIS Student and Parent Directory.

Names **NOT** to be listed: \_\_\_\_\_

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Check here if you **just want your name(s)** listed without address and phone information in TIS Student and Parent Directory.

If you have questions about your listing. Please contact the Admissions Office at 215-747-5737.

**RELATIVES WHO HAVE ATTENDED OR ARE GRADUATES OF THE IJOBA SHULE**

NAME, RELATIONSHIP TO STUDENT  _____  GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT YEAR:	NAME, RELATIONSHIP TO STUDENT  _____  GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT YEAR:
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**STUDENT OR PARENT(S) WHO ARE MEMBERS OF E.S.K.G.A.**

NAME, RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME, RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME, RELATIONSHIP TO STUDENT: \_\_\_\_\_

**OPTIONAL PERSONAL INFORMATION**

<input type="checkbox"/> African-American	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Native-American	<input type="checkbox"/> Bi-racial/Multi-racial	<input type="checkbox"/> Other:
<input type="checkbox"/> Hispanic/Latino		
Primary language, if other than English:		

<b>PARENT MAILINGS SHOULD GO TO:</b>	<b>BILLS SHOULD GO TO:</b>

SIGNATURE	DATE