

Fowler Public School
Schools of Choice Student Application

Date Applied: _____ Grade: _____

Student's Name:	Social Security #:	Date of Birth:
Complete Address:	Place of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/Zip:	Home Phone:	Cell Phone:
Parent/Guardian:	Parent's Email:	

Does your child have any medical conditions we should be aware of? (Please include allergies, if any.)

Has your child had any disciplinary problems that resulted in a suspension or expulsion from his/her previous school(s)? If yes, please explain.

Was your child receiving any special education services from his/her previous school?

Why are you choosing to apply to Fowler Schools? _____

Parent/Guardian Information

Mother's Name: _____ Occupation: _____

Employed: _____ Work Phone: _____

Father's Name: _____ Occupation: _____

Employed: _____ Work Phone: _____

Student Resides with: _____

Siblings (Other children from oldest to youngest)

Name (Last, First)	Date of Birth	School/District
1)		
2)		
3)		
4)		
5)		

Additional children can be listed on the back of the form.

Parent Signature _____ Date: _____