



PRE ENROLLMENT FORM

**Burke Basic School**

<b>School Official</b>	<b>Date Received by School</b>	<b>Time Received</b>
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Please Print Clearly and Fill Out Completely

<b>STUDENT</b>					
Name		Sex	Race	Birth Date / /	Current Grade
Current/Last School		School District			
<b>STUDENT</b>					
Name		Sex	Race	Birth Date / /	Current Grade
Current/Last School		School District			
<b>STUDENT</b>					
Name		Sex	Race	Birth Date / /	Current Grade
Current/Last School		School District			
<b>PARENTS</b>					
Parent/Guardian					
Street Address					
City, State, Zip					
Home Phone	Work Phone	Cell/Beeper	Msg Phone		
Signature of Parent/Guardian				Date	
How did you hear about the school?					
<input type="checkbox"/> Door Hanger	<input type="checkbox"/> Flyer	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV Ad		
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Sign	<input type="checkbox"/> _____		
Comment					