



# **Francine Delany New School for Children**

Student applications must be delivered to:  
119 Brevard Road, Asheville, NC 28806  
**By mail or in person no later than March 31<sup>st</sup>, 2010**

## **Student Information for 2010-2011 school year**

Full Name: \_\_\_\_\_  
Last First Middle (Preferred)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Street Address: (if different than above) \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_

Grade Level for 2010-2011 school year: \_\_\_\_\_

Current School: \_\_\_\_\_

Has this student been expelled or suspended for any time period that would overlap into the 2010-2011 school year?

\_\_\_ Yes \_\_\_ No

Important: Each student must select both an ethnicity and at least one race

Ethnicity Choices:

\_\_\_ Hispanic  
\_\_\_ Non-Hispanic

Race Choices, please choose at least one race:

\_\_\_ White  
\_\_\_ Black  
\_\_\_ American Indian  
\_\_\_ Asian  
\_\_\_ Hawaiian/Pacific Islander

**Parent/Guardian Information-Residing with student**

Name of Parent(s) or Guardian(s) that child resides with:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Parent/Guardian Information**

Name of Other Parent(s) or Guardian(s):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Sibling Information**

Siblings attending or applying to Francine Delany New School for Children:

Name: \_\_\_\_\_

Grade for 2010-2011: \_\_\_\_\_

Name: \_\_\_\_\_

Grade for 2010-2011: \_\_\_\_\_

Name: \_\_\_\_\_

Grade for 2010-2011: \_\_\_\_\_

Name: \_\_\_\_\_

Grade for 2010-2011: \_\_\_\_\_

I/We understand the importance of parental involvement in my/our child/children's education. I/We understand that parent involvement is strongly encouraged at Francine Delany New School for Children.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only: Date Received: \_\_\_\_\_ Registration#: \_\_\_\_\_