

ROOTS ACTIVITY LEARNING CENTER, INC
6222 North Capitol Street, North West
Washington, DC 20011
Phone: (202) 882-5155 Fax: (202)-882-5157
www.rootsactivitylc.org

ADMISSION APPLICATION

Proposed Entry Date _____ SY **2016 -2017** Grade _____
Student's Name _____ SSN _____
Age _____ Sex _____ DOB _____
Child Lives With (Name) _____ Relation _____
Previous School: _____ Student ID# _____
Does Student Have Special Needs? Yes _____ No _____
Student's Physician _____ Phone# _____
Address _____
Street _____ City State _____ Zip _____
Mother's Name _____ SSN _____
Address _____
Street _____ City State _____ Zip _____
Home# _____ Work# _____ Cell _____
Occupation _____
Employer _____
Work Address _____
Street _____ City State _____ Zip _____
Father's Name _____ SSN _____
Address _____
Street _____ City State _____ Zip _____
Home# _____ Work# _____ Cell _____
Occupation _____
Employer _____
Work Address _____
Street _____ City State _____ Zip _____

Please Note: In a case of emergency, the Administration will contact the mother, father, or Legal Guardian; if neither can be reached, the **first** person on the Authorized Emergency List will be contacted.

Signature of Parent or Guardian

Date