

BENITO JUÁREZ COMMUNITY ACADEMY 2019-2020 School Year Application Form





Student Last Name	Stu	udent First Name
Student ID	Birth Date	Applying for Grade
	/ / /	9 10 11 12
Gender	Student's Current School	
Male Female		
Does your child currently have		
sibling(s) at Juarez?	Does your child have an IEP	
Yes No	Yes No	Yes No
(if yes, name:)	(if yes, please provide IEP)	(if yes, please provide 504 plan)
Parent/Guardian Last Name	Pa	rent/Guardian First Name
Address - Number Dir Street	Name	Street Type Apt #
City State	Zip Code	
Parent/Guardian Email Address		
	<u> </u>	
Primary Phone	Ot	her Phone
Signature of Parent/Guardian		Date