

## BENITO JUÁREZ COMMUNITY ACADEMY 2018-2019 School Year Application Form (Semester 2)



Student Last Name Student 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?	Does your child have a 504 plan?
Yes No	Yes No	Yes No
	(if yes, please provide IEP)	(if yes, please provide 504 plan)
Parent/Guardian Last Name	Parent/Guard	dian First Name
Address - Number Dir Street I	Name	Street Type Apt #
City State	Zip Code	
Parent/Guardian Email Address		
	@	
Primary Phone Other Phone		
Signature of Parent/Guardian	Date	
		/ /
Please submit OFFICIAL TRANSCRIPT an	d ATTENDANCE RECORD along with ot	her required documents.