

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

ADMISSION APPLICATION

Proposed Entry Date _____ SY 2010 -2011 Grade _____

Student's Name _____ SSN _____

Age _____ Sex _____ DOB _____ Child Lives With _____

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 _____

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