

Roots Activity Learning Center, Inc.
622 North Capitol Street, North West
Washington, DC 20011
Phone (202) 882-5515 Fax (202) 882-5557
Web Address: <http://www.rootsactivitylc.org>

ADMISSION APPLICATION

Proposed Entry Date: _____ SY 2008-09 Grade: _____

Student's Name: _____ SSN: _____ - _____ - _____

Age: _____ Sex: _____ DOB: ____/____/____ Child Lives With: _____
mm dd yyyy

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 Phone#: _____ Work Phone#: _____ Occupations: _____

Employer: _____

Work Address: _____
Street City State Zip

Father's Name: _____ SSN# _____ - _____ - _____

Address: _____
Street City State Zip

Home Phone#: _____ Work Phone#: _____ Occupations: _____

Employer: _____

Work Address: _____
Street City State Zip

Please Note: In 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