



Ta'iala Academy
 P.O. Box 6594
 Mapusagafou, American Samoa 96799
 (684) 733-8641 www.taialaacademy.org

ENROLLMENT FORM
Elementary School
 2012-2013
 School Year

TA'IALA ACADEMY
 LEARNING TODAY, LEADING TOMORROW

*Note: The registration fee **must** be paid at the time of enrollment. Please refer to Admission Guide for fee details. Due to limited space, students will be assigned to classes on a first-come-first-served basis.*

Student Information

Legal Name _____
Last First Middle Preferred Name

Home Address _____ Grade Entering _____
P.O. Box Village / City

Male Female Date of Birth ____/____/____ Age _____ Language(s) Spoken at Home _____

Ethnic Background Check one.

African-American Asian Caucasian Filipino Hispanic Native American Bi-Racial
 Samoan Tongan Other (explain) _____

Child Lives With Both Parents One Parent Other/Legal Guardian

FATHER'S INFORMATION

Last Name _____
 First Name _____
 P.O. Box _____
 Village/City _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Occupation _____
 Place of Employment _____
 Work Phone _____

MOTHER'S INFORMATION

Last Name _____
 First Name _____
 P.O. Box _____
 Village/City _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Occupation _____
 Place of Employment _____
 Work Phone _____

OTHER/LEGAL GUARDIAN'S INFORMATION

Last Name _____
 First Name _____
 P.O. Box _____
 Village/City _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Occupation _____
 Place of Employment _____
 Work Phone _____

Emergency Information

In case child listed above becomes ill or is injured at school and a parent/guardian cannot be contacted, the school authorities have permission to contact and release the child to the custody of one of the following:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent Guardian Initials _____

For Office Use Only	Form Received on _____ by _____	Previous Balance Pd. <input type="checkbox"/>	Registration Fee \$ _____ Date _____ Receipt # _____
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MEDICAL CONDITIONS

No medical condition

or PLEASE CHECK BELOW:

- Asthma Chronic Cough/Wheezing Heart Disease Seizures
- Cancer/Leukemia Hearing Problems Hypertension Skin Problems
- Hemophilia Behavioral Problems Rheumatic Heart Vision Problems
- JRA Arthritis Sickle Cell Anemia Diabetes

Allergies: Bee Sting Food Medications
 Other _____ Date and type of last reaction: _____

Other Health Concerns: _____

Takes medications (LIST): _____

Family Physician: _____ Phone: _____

My child has private health insurance: Yes No - If YES, Insurance Company _____ Policy # _____
Please provide us with a copy of your insurance card.

Scholastic Progress

Grades K to 2: A PARENT MAY HELP STUDENT COMPLETE THIS PAGE

Grades 3 to 8: THIS SECTION MUST BE COMPLETED BY THE STUDENT IN HIS/HER OWN HANDWRITING

Previous School Attended: _____

What are your two best school subjects and why? _____

What is your most challenging subject and why? _____

Please list any activities (arts, scouting, music, religious, athletic) you enjoy. _____

What has been the most memorable event you've had at Ta'iala Academy or your previous school? _____

How did you hear about Ta'iala Academy? Check all that apply.

- Internet Newspaper Television Family/Friends _____ Other _____

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____