



## Albuquerque Talent Development Secondary Charter School– 2008-2009 REGISTRATION FORM

DO YOU HAVE A BROTHER OR SISTER CURRENTLY ATTENDING ATDSCS? YES OR NO  
IF YES - WHAT IS YOUR BROTHER'S OR SISTER'S NAME \_\_\_\_\_

How did you hear about ATDSCS \_\_\_\_\_

Person whom student lives with if other than mother or father, (H.S. students may include self, spouse, etc)

<b>Relationship</b>	<b>Last Name</b>	<b>First Name</b>	<b>M.I</b>	<b>Legal Guardian</b>	<b>Home Phone #</b>
<b>Street Address</b>			<b>Apt #</b>	<b>Zip Code</b>	<b>2<sup>nd</sup> Phone #</b>
<b>Emergency Information</b>	<b>Emergency Contact (other than parent)</b>			<b>Phone #</b>	
<b>Family or Primary Care Physician Name</b>				<b>Phone #</b>	
<b>Is the student covered by health insurance?</b>			<b>Is the student covered by Medicaid?</b>		
Yes _____ No _____ <b>Insurance Company Name</b>			Yes _____ No _____ Medicaid number _____		

Have you received any of the following;

### Special Education Services

1. Have you ever received services as a Special Education student? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Speech and language Services Yes \_\_\_\_\_ No \_\_\_\_\_
3. Social Work Services Yes \_\_\_\_\_ No \_\_\_\_\_

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