

Mat-Su Central School ILP Scheduler 2017-18

FMP ___ OL ___ INT ___

First Name	MI	Legal Last Name	Student ID
Birth Date	Age	Grade	Gender
Student Email		Student Cell Phone	

FOR OFFICE USE ONLY

Grade ___ Advisor _____

Appointment Time: _____

- Need Withdrawal
- Need Health Records
- Need Birth Certificate
- Family Number _____

Check here if presently enrolled @ MCS New to MCS this year

Previous Mat-Su District School Attended _____

Most Recent School Withdrawn From _____

Referred By: _____

Also enrolled at Private School or other Organized School: If Yes _____

Name of School _____

Have you ever attended MCS before? Yes _____ When _____

Have you homeschooled in the past? _____

Explain any of the following areas of concern or if your student has received services for any of the following:

- Special Support Services /IEP **OR** **DOES NOT APPLY**
- Behavioral Problems
- Academic Problems
- Other please explain: _____

Enrollment Consultation Date

Please mark if any of these apply:

- Absenteeism
- Prospective NCAA Student -Athlete
- Health (Physical or Mental) _____
- Working (Where-explain) _____
- Traveling (When & Where-explain) _____
- Suspension/Expulsion from school: School Name _____
- Other Reason (explain) _____

How did you hear about Mat-Su Central School? Radio Friend MSCS Staff Family
 Newspaper Referral from MSBSD School Other _____

Home Phone	Parent 1 EMail	Parent 2 Email
_____	_____	_____
Parent FirstName	Last Name	Relationship
_____	_____	_____
Mailing Address	City	State Zip
_____	_____	_____

Parent/Guardian Name: _____ Date: _____

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SIGNATURE OF MCS PRINCIPAL/DESIGNEE _____ Date _____

The MCS Principal reserves final approval for all enrolling students.

IMPORTANT: ONLINE ENROLLMENT MUST ALSO BE COMPLETED WITH MSBSD at WWW.MATSUK12.US - click on PARENT TAB