



**“Education is one of the most important ways by which society fulfills its commitment to the dignity of the person and the building of community.”**

**Alphonsus Liguori**

**FORTIS PROGRAM**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Philadelphia, PA Zip Code \_\_\_\_\_  
Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Current School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Do you have children? \_\_\_\_\_ # of children \_\_\_\_\_ Ages of children: \_\_\_\_\_

**PRIMARY CONTACT**

Marital Status: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Student Lives With You: Yes No  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*Can this contact also be used as an emergency contact? Yes No*

**ADDITIONAL EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Does the student have an IEP? Yes No If so, when was it issued? \_\_\_\_\_  
Does the student have a 504 plan? Yes No If so, when was it issued? \_\_\_\_\_  
Has the student had psychological or education evaluation? Yes No If so, when? \_\_\_\_\_

***Disclaimer and signatures: I certify that all information is true and complete to the best of my knowledge. If the application leads to enrollment, I understand that false or misleading information may result in immediate dismissal.***

\_\_\_\_\_  
**Printed Parent/Guardian's Name**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Student's Name**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**