

Enrollment Application

Parent Information

Parent Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you in the United States? YES NO If no, what country? _____

Are there additional students applying from one household? YES NO

Is this application a part of a pod or group? YES NO

If group, list name and contact for group supervisor: _____

Student Information

First Name: _____ Last Name: _____

Name of last school: _____ School Address: _____

Attendance Dates From: _____ To: _____ Did you Advance?? YES NO Grade Level: _____

Student Birthdate: _____
 Student Email: _____

Check to acknowledge student email given: _____

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only:

Enrollment Type (Full-time/Part-time)

Will student be full-time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will student be ILM ?	<input type="checkbox"/>
Will student be part-time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will student be LTM?	<input type="checkbox"/>
Will student Single Course?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will student need EPM?	<input type="checkbox"/>

Principal Signature: _____ Date: _____