



Application for Elementary Students

Date: _____

Child's Full Name: _____
Last *First* *M.I.*

Male: _____ Female: _____ Date of Birth: _____ Age: _____ Home Phone: (____) _____

Home Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Preferred Starting Date: _____

Family Information

Parent Full Name: _____ Relationship: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail Address: _____

Parent Full Name: _____ Relationship: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail Address: _____

Sibling: _____ Age: _____ School: _____

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Sibling: _____ Age: _____ School: _____

Sibling: _____ Age: _____ School: _____

Please return and include a non-refundable application fee of \$50.00

Parent/Guardian Signature: _____ Date: _____

See reverse side for application process