

Pre-Application Form

Student Information		
Last Name:	First Name:	Gender:
Date of Birth:		Place of Birth:
Residence Address:		
City:	Zip:	Home Phone: ()

Father's Information	
Father's Full Name:	Father's Cell: ()
Occupation:	Work Phone: : ()
Email:	

Mother's Information	
Mother's Full Name:	Mother's Cell: ()
Occupation:	Work Phone: ()
Email:	

Family Information		
Number of Brothers:	Sisters:	Attending this school? Yes <input type="checkbox"/> No <input type="checkbox"/>
School Attended Last Year:		
Applying for Grade:	School Year:	
Grades K-5: Has your child been identified in the previous school with an IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent Signature

Date