

Application for Admission

Additional Child(ren)



Student's Full Name (First, Middle, Last): _____

Student's Birth Date: _____ Student's Social Security Number: _____

If applying for Pre-K (circle one): Three Day Preschool AM Three-Day Preschool PM Two Day Preschool

If applying for Kindergarten (circle one): Half Day Kindergarten Full Day Kindergarten

What grade is student entering: _____ What school year you are applying for: _____

Does the student have any special needs? Yes _____ No _____ If yes, explain: _____

If transferring, school last attended: _____

If transferring, list any disciplinary issues: _____

If transferring, reasons for transferring: _____

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