

FOR NEW STUDENTS ONLY • Deadline is March 30, 2009

STUDENT APPLICATION FORM

Name of school where applying:

STUDENT INFORMATION

Name (last name first):

Date of birth: / /

SSN:

Gender: M F

Address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

Current school:

Current Grade:

Grade Applying for:

Is student a sibling? Yes No

Sibling Name:

HOUSEHOLD INFORMATION

Parent/Guardian:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

Relationship to student:

Signature of parent/guardian:

FOR USE BY SCHOOL OR DISTRICT REPRESENTATIVE ONLY

Date received:

Time:

School or District representative signature

Application #