

LA CASA DE ESPERANZA CHARTER SCHOOL ENROLLMENT APPLICATION 2017-2018

Student's Informati	on				
Grade Applying For:					
Student's Name				Date of Birth	
Address	City	<i></i>		_ Zip Cod	Month / Day / Year e
Sex: M (male)	F (female)	Ethnicity			
What language does this st	udent most frequent	tly speak? (Primary)			
What language is most often	en spoken by adults	at home? (Home lan	guage) _		
What was this student's fir	st language? (First l	anguage)			
English Speaking Capab	ility: (circle one)) Very well	Well	Not well	Not at all
Parent/Guardian's 1	Information				
Child resides with: B	oth Parents M	other Father	other		
Mother's Name:				(Please	e specify)
Last Name		First Name	in Code	Middle Name	
Address:(Or	nly if different than the one	above)	ap Code		
Phone Numbers: Home # (
E-mail address:					
Father's Name:					
Last Name		First Name	Zi	Middle Name p Code	
Phone Numbers: Home # (aly if different than the one	above) Work # ()		Cellular #()
E-mail address:					

Emergency Contact's Information

Last Name Phone Numbers: Home # (First Name		Aiddle Name	Relationship Cellular # ()
Last Name Phone Numbers: Home # (First Name		Middle Name	Relationship Cellular # ()
Last Name Phone Numbers: Home # (First Name		Aiddle Name	Relationship Cellular # ()
Size of Family Unit:	(exampl	le: 2 children	+ 1 parent = 3	3)
********	*******	*****	:*****	*********
I verify that the information knowledge	on contained in	this documen	ıt is true and	l correct to the best of my
Parent/Guardian Signatur	·e			
Printed Name			_	
Date				
Casa de Esperanza Charter S	School. In addition	ion to this form	n, you will ne	will be automatically enrolled at a eed to turn in other documents formation call 262-547-0887.
La Casa de E	speranza Char	rter School En Grades K4 -	_	oplication 2017-2018
	FOR (OFFICE USE	ONLY	
Received by	Date		Entry/	'Start Date
Student I.D.#				