



**All Scholars entering K4 are required to submit a copy of their birth certificate.**

**Name of Previous School (if applicable):**

\_\_\_\_\_

**LA CASA DE ESPERANZA CHARTER SCHOOL ENROLLMENT APPLICATION  
2018-2019**

**Student's Information**

Grade Applying For: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: M (male)                  F (female)                  Ethnicity \_\_\_\_\_

What language does this student most frequently speak? (Primary) \_\_\_\_\_

What language is most often spoken by adults at home? (Home language) \_\_\_\_\_

What was this student's first language? (First language) \_\_\_\_\_

English Speaking Capability: (circle one)                  Very well    Well    Not well    Not at all

**Parent/Guardian's Information**

Child resides with: \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ other \_\_\_\_\_  
(Please specify)

**Mother's Name:**

\_\_\_\_\_ Last Name                  First Name                  Middle Name  
Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

(Only if different than the one above)

Phone Numbers: Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cellular # (    ) \_\_\_\_\_

E-mail address:  
\_\_\_\_\_

**Father's Name:**

\_\_\_\_\_ Last Name                  First Name                  Middle Name  
Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

(Only if different than the one above)

Phone Numbers: Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cellular # (    ) \_\_\_\_\_

E-mail address:  
\_\_\_\_\_

**Emergency Contact's Information**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Relationship  
Phone Numbers: Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cellular # (    ) \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Relationship  
Phone Numbers: Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cellular # (    ) \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Relationship  
Phone Numbers: Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cellular # (    ) \_\_\_\_\_

**Size of Family Unit:** \_\_\_\_\_ (example: 2 children + 1 parent = 3)

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**I verify that the information contained in this document is true and correct to the best of my knowledge**

**Parent/Guardian Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**NOTE:** Completion of this application does not mean that your child will be automatically enrolled at La Casa de Esperanza Charter School. In addition to this form, you will need to turn in other documents required by the school to complete your child enrollment. For more information call 262-547-0887.

**La Casa de Esperanza Charter School Enrollment Application 2018-2019  
Grades K4 - 3**

<b><i>FOR OFFICE USE ONLY</i></b>		
<b><i>Received by</i></b> _____	<b><i>Date</i></b> _____	<b><i>Entry/Start Date</i></b> _____
<b><i>Student I.D.#</i></b> _____		