



RAPID APPLICATION FORM

Prescott Valley Charter School

9500 Lorna Lane, Prescott Valley, Arizona 86314
(928) 772-8744 Fax (928) 775-4457

School Year 2008 - 2009

Student Name:
 First: _____ Middle: _____ Last: _____

Date of Birth: _____ Place of Birth: _____

Entering Grade Level: _____ Age: _____

Last School of Attendance:
 School Name: _____ City: _____ State: _____
 Has your child had any suspensions or behavior issues: (if yes, please state below)
 Yes No

IEP/Special Education: Yes No Category & Service Type (if applicable):

 English Language Learner (if applicable): Yes No Language spoken: _____

Parent/Guardian Information:
 First: _____ M.I. _____ Last: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Number: _____

Parent/Guardian(s) Signature: _____ Date: _____

Office Use Only:
 Interviewed by: _____ Date: _____ SM: _____
 Start Date: _____ Approval Signature: _____ Date Approved: _____ Initials: _____



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School Year **2008 - 2009**

How did you hear about us? Internet Radio Newspaper Yellow Pages Driving by Friend (If so whom) _____

STUDENT INFORMATION

Enrolling for the first time

Re-enrolling

Last Name _____ First Name _____ Middle Name _____

Legal Last Name (if different): _____ Grade Enrolling For: _____ Gender: Male Female

Ethnic Identity: White Black American Indian or Alaskan Native Asian (Including India, Pakistan, etc.) or Pacific Islander
 Hispanic/Latino (Cuba, Mexico, Puerto Rico, South or Central America)

Current Age: _____ Place of Birth: _____ Student's Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Father's Name _____

Address: _____ Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Employer _____ Occupation _____ Employer _____ Occupation _____

Work Phone _____ Work Phone _____

E-Mail _____ Yes, I would like correspondence through email with Teachers, Office, Administration.

Student Lives with and has legal custody: Parents Mother Father Other (specify and name) _____

The school will not honor request of restrictions unless copies of custodial papers or copies of court orders supporting the requests of the parent are on file.

Are there any family circumstances we should be aware of? _____

CONFIDENTIAL INFORMATION

Are there any issues or concerns, such as medical/psychological treatment that the school should be aware of? Yes No

If yes, please describe _____

PLEASE CHECK TO INDICATE WHETHER THE STUDENT HAS EVER HAD ANY OF THE FOLLOWING: Parent Initials: _____

I.E.P. 504 Accommodation Psychological Evaluation Gifted Classes Bilingual/ESL Classes

STATEMENT OF DISCLOSURE

- I/We understand that this application does not guarantee enrollment, but is only the first step of the enrollment process.
- I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.
- I/We have truthfully answered all questions on this enrollment form and understand that any false information on the application will be grounds for expulsion from the school.

EMERGENCY INFORMATION

PLEASE LIST ANY PERSON WHO MAY PICK UP YOUR CHILD IN YOUR ABSENCE. (ATTACH ADDITIONAL PAGE IF NECESSARY.)

Name	Relationship to Student	Home Phone	Alternate Phone	Address

Parent/Guardian Signature: _____ Date _____

Form 1b