



RAPID APPLICATION FORM



Prescott Valley Public Charter School

P.O. Box 27348, 9500 Lorna Lane

Prescott Valley, Arizona 86312

(928) 772-8744 Fax (928) 775-4457

School Year 2010 - 2011

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): _____

What is the primary language of the student? _____

Parent/Guardian Information:

First: _____ M.I. _____ Last: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

We value and appreciate parent involvement and support at our school. How are you able to contribute? Volunteer Donate Supplies Tax Credit

Thank you for working with us to help make our school so successful.

Parent/Guardian(s) Signature:

Date:

Office Use Only:

Interviewed: _____ Interviewed by: _____ Date: _____ SM: _____

Start Date: _____ Approval Signature: _____ Date Approved: _____ Initials: _____