



# Prescott Valley Public Charter School

P.O. Box 27348, 9500 Lorna Lane, Prescott Valley, AZ 86312

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

**School Year 2010- 2011**

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

Ethnicity:  No, not Hispanic or Latino  Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American)

Race:  White  Black or African American  American Indian or Alaska Native  Asian (Including India, Pakistan, etc.)

Native Hawaiian or Other Pacific Islander

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

Prescott Valley Public Charter School is a Title I Targeted Assistance School.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Form 1b