



1st Grade – 6th Grade Pre-Enrollment Form

MOTHERS NAME:

_____ *First Name* _____ *Middle Name* _____ *Last Name*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Phone Work Phone (include area code) Cell Phone (include area code)

_____ *Number & Street* _____ *Apt No.* _____ *City* _____ *State* _____ *ZIP*

_____ *Employer*

FATHERS NAME:

_____ *First Name* _____ *Middle Name* _____ *Last Name*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Phone Work Phone (include area code) Cell Phone (include area code)

_____ *Number & Street* _____ *Apt No.* _____ *City* _____ *State* _____ *ZIP*

_____ *Employer*

• STUDENT #1:

_____ *First Name* _____ *Middle Name* _____ *Last Name* **Male Female** _____
Gender Date of Birth Grade Entering

_____ *Name of Previous School Attended* _____ *Phone* _____ *Fax* _____ *City* _____ *State*

SPECIAL NEEDS

Does this student have any medical conditions? Yes No If yes Explain on back

Does an active **IEP** presently exist for this student? Yes No

Is this student participating in an **English Language Learner Program (ELL)**? Yes No

Will ENRICHMENT SERVICES be needed for this student? Yes No

• STUDENT #2:

_____ *First Name* _____ *Middle Name* _____ *Last Name* **Male Female** _____
Gender Date of Birth Grade Entering

_____ *Name of Previous School Attended* _____ *Phone* _____ *Fax* _____ *City* _____ *State*

SPECIAL NEEDS

Does this student have any medical conditions? Yes No If yes Explain on back

Does an active **IEP** presently exist for this student? Yes No

Is this student participating in an **English Language Learner Program (ELL)**? Yes No

Will ENRICHMENT SERVICES be needed for this student? Yes No

School Hours:

1st Grade 7:55 am – 1:55 PM
2nd- 6th 7:55 am--- 2: 25 pm

Enrichment Service Hours (Small Charge*): 6:15 am-7: 55am and 2:40 pm-5:30 pm

*Fee beyond 5:30 p.m.

Parents will need to provide for each child the following:

- Birth Certificate (or other approved document)
- Signed Withdrawal Form from Last School Attended
- Emergency Contact Information – Names, Phone Numbers
- Complete Immunological Record
- Copy of Insurance Card
- Nonrefundable Registration Fee \$35.00

I understand that the information given above is for estimating student enrollment and is not a guarantee of student's acceptance into Crown Charter until all necessary qualifications for enrollment have been met. I certify that I have not enrolled the above students in any other school for the current school year.

Parent Signature: _____ Date: _____