

STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

Date: _____ School Year: 20 - 20 Grade: _____

Student Name: _____
First Middle Last

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Siblings at College Prep Elementary:

Name: _____ Grade: _____

Name: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian (print): _____ Cell/Work Phone Number: _____

Father/Guardian (print): _____ Cell/Work Phone Number _____

Address (if different from above): _____

How did you hear about College Prep Elementary? Newspaper Radio Word of Mouth
 Other _____

Signature of parent/guardian: _____

Office Use Only:

Date Rec'd: _____ Acpt Ltr: _____ Enrl Date: _____ Enrl Pckt: _____ File Date: _____

Name of Outreach Specialist: _____