



THIS IS ONLY A REQUEST FOR A STUDENT APPLICATION. SUBMITTING THIS FORM TO CPE DOES NOT GUARANTEE ENROLLMENT.

CHILD'S INFORMATION

Date: _____ **Grade entering in fall 2018-2019. Please circle one.** K 1 2 3 4 5 6

Legal Last Name: _____ Legal First Name: _____

Street: _____ Apt/Lot#: _____

City: _____ State: _____ Zip: _____

PARENT/LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN

First & Last Name: _____

First & Last Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address Same as Student.

Address Same as Student.

Street: _____

Street: _____

Apt/Lot#: _____

Apt/Lot#: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Email: _____

Best time to call:

Morning Afternoon Evening

Best time to call:

Morning Afternoon Evening

I hereby verify that the above information is true and correct to the best of my knowledge.

Parent Print Name

Parent Signature

Date