



# 2018 - 2019 Request for Enrollment

## Office Use Only

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Guardian Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_  Male  Female

Physical Address: \_\_\_\_\_  
(Street) (City) (Zip) (County)

Mailing Address: (if different) \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Siblings currently (  attending/  applying) at Placer Academy Charter (name & grade):  
\_\_\_\_\_

In the student's home, is there a computer?  Yes  No

Internet Access?  Yes  No

Does your child qualify for any of the following programs?  Yes  No  
 G.A.T.E  Title 1  ELL

Does your child have a medical diagnosis that may impact learning or attendance?  Yes  No

If yes, please identify: \_\_\_\_\_

Has your child ever been suspended or expelled from school?  Yes  No

If yes, when and where: \_\_\_\_\_

**I attest that the above statements are true to the best of my knowledge. I understand that falsification of any of the information on this enrollment application may result in the student being disenrolled from the school.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_