



2019 - 2020 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: _____

How did you hear about PAC?: _____

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 _____

Please Note: PAC complies with all applicable state and federal laws in serving students with disabilities including but not limited to Section 504 of the Americans with disabilities Act and the Individuals with Disabilities in Education Act. The Charter School intends to function as a "public school of the local education agency (LEA) that granted the charter" for purposes of providing special education and related services pursuant to Education Code Section 47641 (b).