

APPLICATION FOR ENROLLMENT

VLT ACADEMY PRIMARY COLLEGE "FIRST STUDENT"

First Grade - 2011-2012 SCHOOL YEAR

Welcome to the VLT Academy! We are excited to share in your learning experience and hope that you find your education with us intriguing and meaningful. Thank you for entrusting us with your child's future.

Student's Legal Name

Last Name	First Name	Middle Name
-----------	------------	-------------

Date of Birth

Month	Day	Year
-------	-----	------

Grade- Must be 5yrs old by October 1st

1

Gender

r

Female

Male

Male

Race (Select one or more)

Black/African American

Caucasian/White

Asian

Other

Hispanic/Latino

Parent/Guardian First and Last Name

Parents/ Guardians who reside with student

Relationship to student

Home Address

Number	Street Name	State	Apt. #	Zip Code

Mailing Address (If different)

City	State	Zip Code
------	-------	----------

Telephone Numbers

() - () -

Home Work

() -

Cell

Emergency Telephone Numbers

() - () -

Home Work

() -

Cell

Is Parent/Guardian an employee of the VLT Academy Yes No

Has this student previously attended a Pre-school program? Yes No

Location _____

Screening Score: At or Above Kindergarten
Benchmarks

City

State

"I certify that all of the information I have provided on this application is true and accurate. I understand that falsification of any information or submission of misleading information will invalidate my students' enrollment."

Parent or Guardian Signature _____ Date _____