



# APPLICATION FOR ENROLLMENT

## VLT ACADEMY PRIMARY COLLEGE "FIRST STUDENT"

### Kindergarten - 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
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**Date of Birth**

Month	Day	Year
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Grade- Must be 5yrs old by October 1st

K

**Gender**

Female

Male

**Race (Select one or more)**

Black/African American

Caucasian/White

Asian

Other

Hispanic/Latino

**Parents/  
Guardians who  
reside with  
student**

Parent/Guardian First and Last Name
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Relationship to student

Number	Street Name	Apt. #
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**Home Address**

City	State	Zip Code
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**Mailing Address  
(If different)**

Number	Street Name	Apt. #
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City	State	Zip Code
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**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 \_\_\_\_\_