

Vision Charter School
19291 Ward Rd., Caldwell, ID 83605
208-455-9220 208-455-9121/Fax www.visioncharterschool.net

2017-2018 STUDENT ENROLLMENT APPLICATION
Please fill out a separate application for each student. Please type or print neatly.

HOW DID YOU HEAR ABOUT US? _____

WHY DID YOU CHOOSE VISION? _____

CHILD'S NAME: _____ D.O.B. _____
(Must be 5 years old as of September 1 for Kindergarten)

CHILD'S ADDRESS: _____
Street or P.O. Box City Zip Code

SCHOOL DISTRICT YOUR CHILD CURRENTLY RESIDES IN: _____

GRADE YOU WILL BE ENTERING FOR THE **2017-2018** SCHOOL YEAR: _____

SCHOOL STUDENT IS CURRENTLY ENROLLED AT: _____

MOTHER'S NAME: _____ EMAIL ADDRESS: _____

MOTHER'S ADDRESS IF DIFFERENT FROM ABOVE: _____

HOME PHONE: _____ CELL PHONE: _____ WK PHONE: _____

FATHER'S NAME: _____ EMAIL ADDRESS: _____

FATHER'S ADDRESS IF DIFFERENT FROM ABOVE: _____

HOME PHONE: _____ CELL PHONE: _____ WK PHONE: _____

Has your child ever been expelled or suspended? (YES or NO) If yes, please attach a letter explaining the situation.

NAMES OF SIBLINGS ALSO INCLUDED IN THE LOTTERY: Please include their name, date of birth and grade they will be in for the **2017-2018** school year.

Please do not include siblings who are not going to be part of our lottery process.

**Does the student have a sibling currently attending Vision Charter School? Circle one: YES NO

I understand that this application is not a binding contract or a guarantee that my child/children will receive a position in Vision Charter School. I attest the information provided is accurate and understand that falsifying information will result in my student being placed at the bottom of the wait list. I will alert the school if the information provided changes.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

*****Administrative Use Only Below*****

DATE RECEIVED: _____ TIER: _____