

CHARLTON HESTON



ACADEMY



2019-2020 **Re-enrollment** Application

PLEASE COMPLETE THIS APPLICATION IF YOUR CHILD WAS ENROLLED IN CHA IN 2018-2019

Grade Entering in September 2019: _____ or check if Pre-K/Childcare _____

Student Information – Please Print-

YOUR CHILD MUST BE 5 YEARS OF AGE BY SEPTEMBER 1, 2019 TO ENROLL IN KINDERGARTEN. WAIVERS WILL ALLOW STUDENTS TO ENROLL IF 5 BY December 1, 2019. YOUR CHILD MUST BE 4 YEARS OF AGE BY September 1, 2019 TO ENROLL IN PRE-K

Last Name First Name Middle Name

Family Information Please indicate the preferred phone number school closing notices () _____ - _____.

Parent/Guardian #1:

Last Name First Name

Address City State Zip Code

Email Address: _____ Work phone _____ Cell phone _____ Home phone _____

Student Residence Status (please check the best answer):

- Single family living in a house or dwelling
- More than one family living in the house or dwelling
- Lives with friends or relatives (other than parents/guardians)
- Foster Care
- Hotel/Motel
- Shelter
- Transitional housing: (list reason) _____

Parental Statement

By signing, I am confirming that the information given is true to the best of my knowledge. Failure to report accurate information may result in your child being withdrawn from the Academy. I agree to support the mission, vision, and polices of Charlton Heston Academy.

Signature of Parent/Guardian: _____ **Date:** _____ / _____ / _____

To be completed by the CHA Office Staff:

Received Date: _____/Time: _____ Staff initials: _____