

<Insert School Name>

Student Intent-To-Return Form

<Insert School Name> hopes that you will make a commitment to partner with us in providing your child's education. Our school is a free, public charter school that does not discriminate on the basis of race, creed, national origin, ethnicity, religion, gender, sexual orientation, mental or physical disability, special needs, English language proficiency, athletic ability, or academic achievement.

Student

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: (select one) M F

Current School: _____

Current Grade (2012-2013): _____ Will You be Returning for the 2013-2014 School Year?: _____

Entering Grade (for 2013-2014): PK 1 2 3 4 5 6 7 8 9 10

Does this student have a sibling already attending the school? Y/N _____

If so, please list the name(s) and grade(s) of the sibling(s): _____

Parent / Guardian

Name _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Parent/Guardian Signature

Date

Note: Parent/Guardian, please ensure that the above address will be the address used when routing your child for transportation. Any changes should be reported immediately.