<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.