Georgetown Community School
Intent to Enroll

Non-Discrimination Statement

Enrollment in charter schools is available to all students, including students with disabilities and under other protected classes. Information about disabilities will not be requested until a student has been admitted to the school. For questions about admission and enrollment, you may contact Heather Henson.

Student Information

Student's Full
Legal Name _____
               Last   First   Middle (Full)

Grade _____ Gender ☐ M ☐ F Birth date _____ State/Country of Birth _____
                                          Month Day   Year

Address _____ Bldg_____ City _____ State _____ Zip_____

Physical
Address_____ Apt/
Bldg _____ City_____ State _____ Zip_____

Household Telephone (_____)_____ Unlisted? Yes ☐ Reside ☐ County _____

Student's Email _____ Student's Cell Phone (_____) _____

Previous School Information

School _____ Grade _____ School Year _____

Is your student presently under an expulsion/suspension order from any other school district in the last year? Yes ☐ No ☐

Is your student presently under consideration for expulsion? Yes ☐ No ☐

Is your student presently involved in the Juvenile Justice system? Yes ☐ No ☐

If yes to any of these three questions, please explain: _____

Parent/Guardian Information

Name _____ Relationship to student _____
     Last   First

☐ *Check here if household information is same as student's*   **Call Priority** 1☐ 2☐

Mailing
Address _____ Apt/
Bldg_____ City _____ State _____ Zip_____

Physical
Address_____ Apt/
Bldg _____ City_____ State _____ Zip_____

Household Telephone (_____)_____ Pager (_____)_____

Work Telephone (_____)_____ Ext._____ Cell/Alt Telephone (_____)_____

Parents/Guardian Email _____

Name _____ Relationship to student _____
     Last   First

☐ *Check here if household information is same as student's*   **Call Priority** 1☐ 2 ☐

Mailing
Address _____ Apt/
Bldg_____ City _____ State _____ Zip_____

Physical
Address_____ Apt/
Bldg _____ City_____ State _____ Zip_____

Household Telephone (_____)_____ Pager (_____)_____

Work Telephone (_____)_____ Ext._____ Cell/Alt Telephone (_____)_____

Parents/Guardian Email _____

Parent/Guardian Signature _____ Date_____