



# Pre-Enrollment Form

## DAMAR CHARTER ACADEMY

PLEASE PRINT OR TYPE

| STUDENT INFORMATION   |  |                 |                                     |                               |                 |  |  |
|---|--|-----------------|-------------------------------------|-------------------------------|-----------------|--|--|
| Last Name:  |  | First Name:     |                                     |                               | Middle Name:    |  |  |
| Nickname:   |  | Grade Entering: | Birth Date: (MONTH/DAY/YEAR)<br>/ / |                               | Age:            | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Street Address:   |  |                 | City:                               |                               | State:          | ZIP Code:  |  |
| County:   |  | Township:       |                                     | Cell Phone Number:<br>( ) - - |                 | Home Phone Number:<br>( ) -  |  |
| Current School:   |  | City:           |                                     | State:                        | Years Attended: | Last Grade Completed:  |  |
| Are you submitting an application for more than one student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the following information: |  |                 |                                     |                               |                 |  |  |
| Sibling 1:  |  | Grade:          | Sibling 2:                          |                               |                 | Grade:   |  |

| PRIMARY PARENT/LEGAL GUARDIAN   |                                     |             |                |       |                             |           |
|---|-------------------------------------|-------------|----------------|-------|-----------------------------|-----------|
| Relationship to student:<br>(PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: |                                     |             |                |       |                             |           |
| Last Name:  |                                     | First Name: |                | M.I.: |                             |           |
| Street Address: (IF DIFFERENT FROM STUDENT'S)   |                                     |             | City:          |       | State:                      | ZIP Code: |
| Home Phone Number:<br>( ) -   | Birth Date: (MONTH/DAY/YEAR)<br>/ / |             | Email Address: |       | Cell Phone Number:<br>( ) - |           |

| SECONDARY PARENT/LEGAL GUARDIAN   |                                     |             |                |       |                             |           |
|---|-------------------------------------|-------------|----------------|-------|-----------------------------|-----------|
| Relationship to student:<br>(PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: |                                     |             |                |       |                             |           |
| Last Name:  |                                     | First Name: |                | M.I.: |                             |           |
| Street Address: (IF DIFFERENT FROM STUDENT'S)   |                                     |             | City:          |       | State:                      | ZIP Code: |
| Home Phone Number:<br>( ) -   | Birth Date: (MONTH/DAY/YEAR)<br>/ / |             | Email Address: |       | Cell Phone Number:<br>( ) - |           |