

Advanced Learning Charter School

Student Application 2011-2012

Please read the following carefully before completing the application

Do not submit more than one application per child. Duplicate applications will not be processed.

Do not submit an application for a child who is not age eligible. These applications will not be processed

Applications may be submitted by:

- Fax: (305)231-4881
- Delivered in person or Mailed to 5855 NW 171 St Miami, FL 33015

Circle the grade student will enter: K 1 2 3 4 5

Note: Please circle one. This application is eligible for the grade applied for only.

A comprehensive application will be supplied at registration.

Student Information:

Student Name: _____
Last First Middle

Child Sex: M: ___ F: ___ Date of Birth: ___/___/___

Student ID Number: _____

Name of Current School: _____

If not a Dade County School, please provide address: _____

Parent/Legal Guardian Information:

Parent Guardian: _____
Last First Middle

Email: _____

Address: _____
Street Apt# City Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sibling Information:

Will a sibling of this applicant be applying to Advanced Learning Charter for the 2011-2012 school year?

YES or NO

Does the applicant have a sibling that is already enrolled in Advanced Learning Charter School?

YES or NO

If yes, please indicate the name and grade level for current year below:

Sibling Name: _____ Grade level: _____
Last First Middle

Please note: A separate application must be completed for each student wishing to attend the current school year.

To the best of my knowledge, the above information is accurate and complete. In the event of a change of address, phone number, name, etc.; I will notify the school.

Parent Signature: _____ Date ___/___/___

Submission of an Application Does Not Guarantee Admission
www.advancedlearningcharter.org

Date Returned to ALCS: _____

Received By: _____