

School Name: **CONNECTIONS PUBLIC CHARTER SCHOOL** Date application received: \_\_\_\_\_

**STUDENT APPLICATION FORM**

**INSTRUCTIONS: To apply please complete Page 1 ONLY**

Information Sess.

School Tour

MCK-Vento

Adm Policy

**FOR SCHOOL USE ONLY**

**STUDENT PERSONAL DATA**

Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Applying for Kindergarten: \_\_\_\_\_ Or Grade: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Lineage: (Jr, II, III, etc.) \_\_\_\_\_

*Must be 5 yrs. Old by July 31 for Kindergarten entry.*

**If accepted for enrollment, parent must provide verification of date of birth.**

Home Phone: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Unlisted: Yes \_\_\_\_\_ No \_\_\_\_\_

Residence:

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address: (if different from home address)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**ADDITIONAL INFORMATION – PLEASE CHECK ALL THAT APPLY  
(OPTIONAL – used to determine status for weighted lottery)**

- Student is educationally disadvantaged (economically disadvantaged, has a disability, migrant, limited English proficiency, neglected, delinquent, and/or homeless).
- Student is a sibling of a student currently enrolled at Connections.
- Student is a child of an employee of Connections Public Charter School.

**PARENT/GUARDIAN CONTACT INFORMATION**

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Address (if different from student's) \_\_\_\_\_

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Address (if different from student's) \_\_\_\_\_

**STOP!**  
**DO NOT COMPLETE PAGE 2 UNTIL NOTIFIED**

# INSTRUCTIONS: *To be completed upon acceptance only*

School Name: **Connections PCS**

Date Accepted: \_\_\_\_\_

Notified via: \_\_\_\_\_

**STUDENT ENROLLMENT FORM**

Student ID No. \_\_\_\_\_

Proof of Age \_\_\_\_\_

Proof of Res. \_\_\_\_\_

Medical/TB \_\_\_\_\_

Name \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

**FOR SCHOOL USE ONLY****CITIZENSHIP**

Country of Birth: \_\_\_\_\_

If Country of Birth is other than US, give year of arrival: \_\_\_\_\_

US Citizenship: Yes \_\_\_\_\_ No \_\_\_\_\_

If not US Citizen, indicate status: Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Non-Immigrant \_\_\_\_\_

Alien Number: \_\_\_\_\_

**LANGUAGE INFORMATION (For Demographic Purposes Only)**

Language Codes: (Select a letter from the list and fill in the blanks below)

\_\_\_\_\_ Student's First  
Acquired Language\_\_\_\_\_ Language Most Often  
Spoken at Home\_\_\_\_\_ Language Most Often  
Used by Student

A - English

F - Cebuano/Visayan

K - Vietnamese

Q - Fijian

V - Pangasinan

L - Other (Specify): \_\_\_\_\_

B - Cantonese

G - Hawaiian

M - Chuukese

R - Hmong

W - Portugese

C - Mandarin

H - Japanese

N - Pohnpeian

S - Lao

X - Spanish

D - Ilocano

I - Korean

O - Cambodian

T - Marshallese

Y - Thai

E - Tagalog

J - Samoan

P - Chamorro

U - Pampango

Z - Tongan

**ETHNICITY INFORMATION (For Demographic Purposes Only)**

Ethnicity Code(s): \_\_\_\_\_ (Select choices from the list below and fill in the blank(s) to the left)

A - American Indian

D - Filipino

G - Japanese

J - Hispanic

M - Other (Specify): \_\_\_\_\_

B - Black

E - Hawaiian

H - Korean

K - Samoan

N - Indo-Chinese

C - Chinese

F - Part Hawaiian

I - Portuguese

L - White

**SCHOOL SUPPLEMENTARY INFORMATION - Other Children in Family**

| Name     | Age   | Name     | Age   |
|----------|-------|----------|-------|
| 1. _____ | _____ | 3. _____ | _____ |
| 2. _____ | _____ | 4. _____ | _____ |

**OTHER INFORMATION**

(Person to Notify In Case Of Emergency if First or Second Contact cannot be reached)

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Employer's Name

\_\_\_\_\_ Home Phone #

\_\_\_\_\_ Cellular Phone #

\_\_\_\_\_ Work Phone # (include ext.)

\_\_\_\_\_ Email Address

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student's father, mother, or guardian a member of the Armed Services, National Guard, or Reserves? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRESCHOOL EXPERIENCE**

Preschool Experience: \_\_\_\_\_ less than 6 months \_\_\_\_\_ between 6 and 12 months \_\_\_\_\_ more than 1 year

**CURRENT SCHOOL ATTENDING**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**SIGNATURES**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

