



## Pre-Enrollment Form

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

\_\_\_\_\_  
Student's Last Name                      First Name                      Middle Name

DOB: \_\_\_\_\_                      Sibling of Student: \_\_\_\_\_                      New Enrollee: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address                      City                      Zip

Parent(s)/Guardian(s) Names: \_\_\_\_\_  
  
\_\_\_\_\_

Please provide at least TWO phone #'s to best contact you as well as an email address below:

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

List siblings below that have applied for or are presently enrolled at The Learning Center! Charter School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_