

LIBERTY CHARTER SCHOOL LOTTERY CARD

One student per card

STUDENT INFORMATION

Child's Last Name:

Child's First Name:

Age:

Date of birth:

Sign- Up Date:

Gender:

Grade for **2019-2020**:

Legacy Charter School student ___ YES ___ NO

If child is in preschool, year they will enter Kindergarten: (must be 5 years old by Sept. 1 of that year)

Siblings currently enrolled: (Must be related by birth, marriage, adoption, foster or guardianship status and living in the same household(s). (Legal documentation may be required.)

Non-enrolled siblings also on the waiting list:

CONTACT INFORMATION

Mother's Name:

Father's Name:

1st Phone:

2nd Phone:

3rd Phone:

Address:

City:

State:

ZIP Code:

Email:

This school provides a variety of services to students with special needs. These services include, but are not limited to the following: speech therapy, language therapy, occupational therapy, and specially designed educational supports.

FOR OFFICE USE ONLY

Date entered:

Boundary Status IN OUT

Initials

Enrolled sibs: YES NO

Other siblings on list: YES NO