

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

Date Accepted: \_\_\_\_\_ Notified via: \_\_\_\_\_

**STUDENT APPLICATION FORM**

**INSTRUCTIONS: To apply please complete**

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: \_\_\_\_\_

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

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

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

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

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

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

Residence:

Mailing Address: (if different from home address)

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

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

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

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

Mailing Address (if different from student's)

Physical Address (if different from student's)

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

Last Name

First Name

Home Phone #

Cellular Phone #

Email Address

Mailing Address (if different from student's)

Physical Address (if different from student's)

School Name: **Connections PCS**

**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  
B - Cantonese  
C - Mandarin  
D - Ilocano  
E - Tagalog

F - Cebuano/Visayan  
G - Hawaiian  
H - Japanese  
I - Korean  
J - Samoan

K - Vietnamese  
M - Chuukese  
N - Pohnpeian  
O - Cambodian  
P - Chamorro

Q - Fijian  
R - Hmong  
S - Lao  
T - Marshallese  
U - Pampango

V - Pangasinan  
W - Portuguese  
X - Spanish  
Y - Thai  
Z - Tongan

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

**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  
B - Black  
C - Chinese

D - Filipino  
E - Hawaiian  
F - Part Hawaiian

G - Japanese  
H - Korean  
I - Portuguese

J - Hispanic  
K - Samoan  
L - White

M - Other (Specify): \_\_\_\_\_  
N - Indo-Chinese

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

Name \_\_\_\_\_ Age \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_  
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: \_\_\_\_\_