

INTENT FOR ENROLLMENT APPLICATION



Grade Level for 2017-2018 School Year _____

Current School of Attendance _____ School District: _____
(District student currently lives in)

STUDENT INFORMATION: (PLEASE PRINT CLEARLY)

Student Legal Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street Number) (City) (Zip Code)

Home Number _____ Cell Number _____ Date of Birth _____

PARENT/GUARDANT INFORMATION (PLEASE PRINT CLEARLY)

Student currently resides with: Mother Father Both Legal Guardian/Other

(Upon confirming enrollment with TEAM Charter School if the above student does not reside with both parents, we are requesting legal documentation supporting the selection above)

	Mother	Father	Legal Guardian
Name			
Street Address			
City State Zip			
Home Phone			
Work Phone			
Cell Phone			
Email			

SIBLING INFORMATION (PLEASE PRINT CLEARLY)

If you have a sibling currently attending TEAM Charter School, please list below.

Siblings	Last Name	First Name	Current Grade Level

In order to process the Intent to Enroll Application, all areas must be complete.

I _____, certify that I am the legal custodial
(Parent/Guardian Print Name)
parent/guardian of _____ and have the authority to apply
(Student Name)
for enrollment at TEAM Charter School.

Parent/Guardian Signature _____ Date _____

APPLICATIONS MAY BE SUBMITTED

By mail or In Person : TEAM Charter School Attention: Enrollment 600 East Main Street Stockton, CA 95202

Fax: 209.462.5262 **Email:** mhernandez@team-charter.org or kpadilla@team-charter.org

FOR OFFICE USE ONLY

Date Rec'd _____ Time Rec'd _____ Rec'd By: _____

COMMENTS:
