## **Application of Interest Form**

Complete ONE FORM PER STUDENT please Submission of this form does not constitute enrollment.

Date:		Home Phone: _		
Student's Legal Name:				
Student's Address (no P.O.	Box):			
Mailing address if different	from physical address:			
Male □ Female □ Twin:	: YES / NO Date of Birth:		(Mus	t be 5 on or before 9/1 of kindergarten entry)
Academic Year applying for	20 20 and 0	Grade you are applying for	·:	
Student's Current Grade:	Student's Current	t School:		
All previous schools includir	ng preschool:			
Is student currently expelled	d or pending expulsion from	their previous school YE	S / NO	
Student is living with: (circle	e) Mother Father B	oth Other:		
1. Mother/Guardian's Name	e:			
Address (if different from st	udent):			
Address (if different from st				
Special Services: (check all			_	
	/Special Education Plan	Title 1	TAG	ELL Program
	504 Plan	Speech Services		Does not apply
* * * * * * * * * * * * * * * * * * *	grade level: Current students (K-8) *Si  * * * * * * * * * * * * * * * * *  N  its students of any race, color, national a ool. It does not discriminate on the basi	* * * * * * * * * * * * * * * * * * *	O students (K-8) not p * * * * * * * *  DLICY  villeges, programs, and	previously enrolled in LVCS * Out of dist. students.  * * * * * * * * * * * * * *  I activities generally accorded or made available to students accorded or made available to students.
		Office Use Only		
Date application was re	eceived:	Records Rec	uest:	
Accept position of enro	ollment YES / NO & date_	Sta	arting Date: _	
Spoke to:		Left Message:		