



OFFICE ONLY
Date Rec'd: _____
Time Rec'd: _____
Staff Initial: _____

Applying for School Year 2017- 2018

Applying for Grade _____

****For Pre-Kindergarten admission, children must be 4 years old by September 1 of the school year applying for.**
****For Kindergarten admission, children must be 5 years old by September 1 of the school year applying for.**

Student Information (Please Fill out a separate form for each child)

Child's Last Name		Child's First Name		Child's Middle Name	
Child's Home street address			Apt #	City/State	
				Zip Code	
Phone # where you can be reached			Name of School District where the Child's home is located		

Parent/Guardian Information

1. Parent/Guardian Name		Relationship		Email	
Work Phone		Cell Phone		Home Phone (If different from above)	
Address (if different from above)			Apt #	City/State	
				Zip Code	

2. Parent/Guardian Name		Relationship		Email	
Work Phone		Cell Phone		Home Phone (If different from above)	
Address (if different from above)			Apt #	City/State	
				Zip Code	

Sibling(s) applying for and/or attending Beacon

Grade

1.	
2.	
3.	
4.	
5.	

For Office Use Only:			
Offer date: _____	Initials: _____	Result: Accept	Decline No Response
Intake Meeting: _____	Start Date: _____	Teacher: _____	