

SKYLINE MATH AND SCIENCE ACADEMY CHARTER SCHOOL DISTRICT 4255

SKYLINE ENROLLMENT APPLICATION FORM

Instructions: Please Complete All Information Requested & Return to the Address Below, one application form for each student. Understand Skyline's Enrollment policy and procedures starting at https://skylinemsa.org/enroll/. In order to enroll for Kindergarten and First Grade, students must turn 5 and 6 on or before September 1st of the enrollment year.

	Circle the school year you are app		
First Name:	Middle:	Last Name:	
Address:		Apt#:	
City:	State: Zip: _		
Phone:	Grade Applying For: _	Previous Grade: _	
Parent/Guardian/Family I	<u>nformation</u>		
First Name:	Middle:	Last Name:	
Address:		Apt#:	
City:	State: Zip: _		
Home Phone:	Work Phone:		
Relationship to student:	Email:		
Parent/Guardian #2:			
First Name:	Middle:	Last Name:	
Address:		Apt	#:
City:	State: Zip:		
Home Phone:	Work Phone:		
Relationship to student:	Email:		
Please List Other Children Living	in the Home Who Have Applied for	or Enrollment:	
Name	Relationship	Current School	Grade
	1, a charter school shall give preference for		
	children of the school's staff before accept lled or have applied for enrollment at Skylir		se, we request that
•	y mailing it to: Skyline Math and Science		5406, or drop it of
I certify that the information on this is	accurate to the best of my knowledge:		
Parent name:	Date	:	
Cianatura			Enrollmont vor