

# DEADLINE -MARCH 30, 2012



## 2012-2013 ENROLLMENT APPLICATION GRADES 9-12

Upon completion of this application, your child will be considered for the 2012-2013 school year registration. Please fill out **one application per student and return:**

**Via mail to:**

Cornerstone Charter Academy  
5903 Randolph Avenue  
Orlando, FL 32809

or

**Via email to:**

atrendafilov@cornerstonecharter.com

**Fax to:**

407-434-7021

**Phone:** 407-608-7171

**PLEASE PRINT CLEARLY**

Student's Name: \_\_\_\_\_

Gender:  Male  Female

Student's Date of Birth: \_\_\_\_\_

Grade Level for **2012-2013**: \_\_\_\_ (Do not leave blank)

Name of Last School Attended: \_\_\_\_\_

Belle Isle/Edgewood Resident (**Mark only if you reside within these city limits**)

Has the student ever attended a public school?  Yes  No

Is the student receiving special services?  Yes  No (**Do not omit this information**)

If yes, explain below

\_\_\_\_\_

Name of Parents/Guardians:

\_\_\_\_\_

For further questions, please send an email to [atrendafilov@cornerstonecharter.com](mailto:atrendafilov@cornerstonecharter.com)

**PLEASE PRINT CLEARLY**

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**List all school-age siblings who will attend charter school: Please do not list siblings that are not currently attending or applying for acceptance.**

**(A separate application must be filled out for each sibling applying to attend Cornerstone)**

Name	Date of Birth	Current School	Grade for 2012-2013 SY

\_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

<b>FOR SCHOOL USE ONLY</b>	
Date Received: _____	Received By: _____
<b>ONLY LEGAL GUARDIAN MAY APPLY FOR ENROLLMENT</b>	