

DEADLINE -MARCH 30, 2012



2012-2013 ENROLLMENT APPLICATION GRADES K-8

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

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

FOR SCHOOL USE ONLY

Date Received: _____ Received By: _____

ONLY LEGAL GUARDIAN MAY APPLY FOR ENROLLMENT