

*Vision Charter School  
20185 Lolo Ave.  
Caldwell, ID 83605  
www.visioncharterschool.net  
455-9220  
455-9121/Fax*

**STUDENT ENROLLMENT APPLICATION**

*Please fill out a separate application for each student. Please type or print neatly.*

SCHOOL YEAR APPLYING FOR: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WHY DID YOU CHOOSE VISION? \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_  
Street or P.O. Box City Zip Code

MOTHER'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

GRADE YOU ARE APPLYING FOR YOUR CHILD: \_\_\_\_\_  
*(Must be 5 years old as of September 1 for Kindergarten)*

SCHOOL STUDENT IS CURRENTLY ENROLLED AT: \_\_\_\_\_

Has your child ever been expelled or suspended? YES or NO If yes, please attach a letter explaining the situation.

NAMES OF SIBLINGS, D.O.B., AND GRADE THEY ARE IN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this application is not a binding contract or a guarantee that my child/children will receive a position in Vision Charter School. I attest the information provided is accurate and understand that falsifying information will result in my student(s) being placed at the bottom of the wait list. I will alert the school if the information provided changes.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*Administrative Use Only Below\*\*\*\*\*

DATE RECEIVED: \_\_\_\_\_ TIER: \_\_\_\_\_