

Enrollment Form 2011-2012

Completion of this form demonstrates your desire to enroll your child at Kennedy Charter Public School. The deadline for student enrollment is February 4, 2011 for the 2011-2012 school year. If the number of applicants exceeds the number of student spaces available, Kennedy Charter will perform a lottery to determine student enrollment. Enrollment forms received after February 4, 2011 will be added to the waitlist in the order in which they are received.

STUDENT INFORMATION		
Student Name:	Date of Birth:	
Address:		
City:	State:	Zip Code:
Gender:	Home Phone:	
Grade Applying for:	Current School:	

FAMILY INFORMATION		
Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Do you have a sibling(s) who attends or has attended Kennedy Charter?

Student Name: _____	
Student Name: _____	
Student Name: _____	

Please list current courses?

_____ _____ _____ _____ _____ _____ _____	Name of Counselor(s) _____ _____ _____ _____ _____ _____
---	--

(Please provide a copy of your child's high school transcript or elementary/middle school report card with EOC/EOG test scores.)

Please read the following statement:

I certify that all the answers given in this enrollment application are true, accurate, and complete. I understand that if my child is enrolled, my having given false or misleading information in any of my application forms, or having omitted significant information from there, may result in the discharge of my child from the school. Acceptance is pending space availability.

Parent/Guardian Signature (required): _____

**Please hand-deliver, or mail your form to the address below.
Thank you for your interest in Kennedy Charter Public School!**

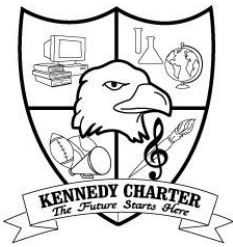
Office use only:

Date received _____

Appointment Date: _____

Open House Date: _____

Kennedy Charter Public School
 1717 Sharon Road West • Charlotte • NC • 28210
 Phone: (704) 688-2939 • Fax: (704)688-2962
 Email: www.kennedycharter.org



Consent for Release of Confidential Records

I, _____, Parent/Guardian of _____ (Student's Name).

Do hereby authorize: _____ (Previous School)

_____ (Previous School)

_____ (Previous School)

_____ (Previous School)

To release all requested school records to Kennedy Charter Public School. This information shall include observations, psychological, medical, and educational evaluations.

I hereby acknowledge that this consent is voluntary and valid for the period not to exceed one year. I further acknowledge that I may revoke this consent in writing at any time except to the extent that action based on this consent has been taken.

Signed: _____ Date _____

Please forward records as soon as possible to:

Student Services
Kennedy Charter Public School
1717 Sharon Road West
Charlotte, NC 28210

Thank you,
KCPS Student Services