

LEONARDO DA VINCI HEALTH SCIENCES CHARTER SCHOOL (LdVCS) INTENT TO ENROLL

STUDENT INFORMATION Academic Year: 2015-2016 Grade Level Enrolling for: _____

Student Last Name: _____ First Name: _____ Middle Name: _____ Birthdate: _____

Residence Address: _____ City _____ ZIP _____

Home District _____ Home School _____

PARENT / GUARDIAN CONTACT INFORMATION

Last Name: _____ First Name: _____ Phone: (____) _____

Address (if different from student): _____ City _____ ZIP _____

Cell Phone: (____) _____ Email Address: _____

SIBLING INFORMATION

Do siblings already attend LdVCS? Yes No

If yes, complete chart below:

Sibling Name	Grade in 2015-2016

Do you intend to enroll siblings who do not already attend LdVCS? Yes No

If yes, complete chart below:

Sibling Name	Grade in 2015-2016

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