

ETHOS ACADEMY

A Challenge Foundation  Academy

Enrollment Inquiry Form

SY 2020-2021

Print and fill all the information requested below and return the application to Ethos Academy or email to: aberenice@ethosacademy.school

Only complete and accurate applications will be accepted. A separate application is needed for each student.

Please Print Clearly

Student's Legal Name _____ Grade Level Applying for: _____

Last: _____ First: _____ Middle Initial: _____ Student's Date of Birth: _ / _ / _____

Parent's/Legal Guardian's Name

Father: _____ Mother: _____
First Last First Last

Home Address: _____ City/Zip Code: _____

Father's Email Address: _____ Mother's Email Address: : _____

Home Phone: _____ Cell Number: _____ Work Phone: _____

School Currently Enrolled: _____ Last Grade Completed: _____

Is your child currently on expulsion or long-term suspension in your current school or district? _____ Yes, _____ No

Is your child eligible for special services (ELL, Special Ed, 504 Plan, etc.)? _____ Yes, _____ No

How did you learn about Ethos Academy? (Circle all applicable)

Friend/Neighbor Website Department of Education
Drive By Social Media Other: _____

Parent's/Guardian's signature below affirms the information provided is accurate and complete.

Parent Signature Date

FOR SCHOOL USE ONLY

Receiving Director Signature: _____ Date: _____

APPROVED NOT APPROVED WAITING LIST Received Date: _____