TUITION BASED INTENT TO ENROLL FORM

ENROLLMENT YEAR: 2020 - 2021

Application Date: _____

Child's Name: _____ First _____ Last

Date of Birth: _____ **Gender:** ☐ Male ☐ Female

Parent / Guardian Name: _____

Address: _____ Street _____ City _____ Zip

Phone Number: _____ **Email:** _____

School District Resident: ☐ Yes ☐ No

Boundary School: _____

Preference: ☐ Morning / 8:05 - 11:05 ☐ Afternoon / 11:55 - 2:55

Days:_____

Parent Employed in School District: ☐ Yes ☐ No

Siblings: _____ Name _____ School

_____ Name _____ School

Do you have concerns about your child's development? If yes, please explain below.

Please return your request via email to: ec.info@weldre4.org

For school use only:

☐ Slot Accepted ☐ Slot Forfieted ☐ Slot Declined:

Notes: