



# TUITION BASED INTENT TO ENROLL FORM

ENROLLMENT YEAR: \_\_\_\_\_

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>School District Resident:</b>	Yes	<b>Boundary School:</b>	_____
	No	<b>Preference:</b>	___ Morning / 8:05 - 11:05
<b>Parent Employed in School District:</b>	Yes		___ Afternoon / 11:55 - 2:55
	No	<b>Days:</b>	_____
<b>Siblings:</b>	_____	_____	_____
	Name		School
	_____	_____	_____
	Name		School

Do you have concerns about your child's development? If yes, please explain below. You may also add any additional comments or information.

**Please return your request via email to: [ec.info@weldre4.org](mailto:ec.info@weldre4.org)**

For school use only:

Slot Accepted	Slot Offered:	_____
Slot Forfeited		_____
Slot Declined		_____
Withdraw	Notes:	