

# TRACY LEARNING CENTER TK-8<sup>th</sup> GRADE APPLICATION FOR ADMISSION



Complete one application for each Student. Applications should be for the current grade only. Do not dis-enroll from your current school until you have received an acceptance from the Director of Admissions. We request that you attach a copy of the current report card to the application. TK and Kindergarten applications will be accepted the month of February of each year. TK must turn five between September 2 and December 2 and Kindergarteners must turn five before September 2 of each year.

## Student Information (Please Print)

Student's Legal Last Name	Student's Legal First Name	MI	Gender	Current Grade
/ /				
Birth Date				
Current School Attended	Student e-mail Address	@	Date of Application	

## Parent/Guardian Information (Please Print)

Parent/Guardian #1 Name	Home Phone Number	Cellular Phone Number	
Relationship to Student	e-mail Address	@	
Home Address	City	State	Zip Code
Parent/Guardian #2 Name	Home Phone Number	Cellular Phone Number	
Relationship to Student	e-mail Address	@	
Home Address	City	State	Zip Code

**Please list ALL of the students' siblings that currently attend Primary Charter, Discovery Charter, and/or Millennium High School**

<u>Name</u>	<u>Current School/Grade</u>	<u>Name</u>	<u>Current School/Grade</u>

**Please list ALL of the students' siblings are on the waiting list for attend Primary Charter, Discovery Charter, and/or Millennium High School**

<u>Name</u>	<u>Current School/Grade</u>	<u>Name</u>	<u>Current School/Grade</u>

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**All applicants must complete special education questions 1 and 2 below:**

- Has your child ever been referred and/or evaluated to receive special education services such as Speech, RSP, SDC, or a 504 Plan?  No  Yes
- Has your student ever attended Special Education Class?  No  Yes

**If yes to either question 1 or 2 above, please complete questions 1-5 below:**

- Does your child have a current/active IEP?  No  Yes
- Which type of service did your child attend? (Check all that apply)  
 Speech  RSP  SDC  Other: \_\_\_\_\_
- What was the last date your child was in special education class or received services? \_\_\_\_/\_\_\_\_/\_\_\_\_
- School name and address of where special education referral, assessment or IEP was developed?  
 \_\_\_\_\_
- Date of most recent IEP: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Attach a copy of your student's most recent IEP with this application**

Has your child ever been expelled or pending expulsion from a school?  No  Yes

If yes, name of school: \_\_\_\_\_

How did you hear about the Tracy Learning Center Schools? \_\_\_\_\_

The Tracy Learning Center admits students of any race, color, or ethnic origin, and from any geographical region, to all the rights, Privileges, programs, and activities generally accorded or made available to students at the school. The Tracy Learning Center does Not discriminate on the basis of race, color, or ethnic origin in the administration of its educational policies or in other school administered programs.

I certify that all information provided in this application is true, accurate, and complete. I understand that if my child is enrolled, my having given false or misleading information in of my application form or having omitted significant information may result in the discharge of my child from the school.

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**OFFICE USE ONLY BELOW THIS LINE**

Birth Certificate <input type="checkbox"/>	Discipline Records <input type="checkbox"/>
Immunizations <input type="checkbox"/>	Current State Test Results <input type="checkbox"/>
Current Report Card <input type="checkbox"/>	Attendance Report <input type="checkbox"/>
Current IEP (if applies) <input type="checkbox"/>	Date Received ____/____/____
Received by: _____	