



Discovery Charter School

STUDENT ENROLLMENT APPLICATION

Please complete one application form for each student you wish to enroll in Discovery Charter School.

Submit Application to:

Discovery Charter School
P.O. Box 2619
Chesterton, IN 46304
Fax: (312) 896-6672
Email: discoverycharterschool@gmail.com

Student Information

Full Name (first/middle/last—as shown on Birth Certificate)

Gender Present Grade Applying to Grade* For Academic Year

Birth Date (month/date/year) Age Birthplace (City/State)

*Kindergarten students must be 5 years old by August 1. *Currently accepting grades K-6*

School Information

Current School

Address City

State/Zip Phone

Do you anticipate needing before or after school care for your child?

Yes No

Does your child currently receive Special Education services?

Yes No

If yes, current school name

Siblings Applying for Enrollment

Name Grade

Name Grade

Name Grade

Family Information

Name/Relationship to Student

Home Address

City State/Zip

Home Phone Work Phone

E-mail

Name/Relationship to Student

Home Address

City State/Zip

Home Phone Work Phone

E-mail

To complete the enrollment process you will be asked to provide additional information and documentation. To be part of the April 23, 2010 lottery, applications must be received by April 16, 2010.

Applications received after this date will be accepted as space is available in accordance with state law.

Nondiscriminatory Policy: Discovery Charter School maintains a nondiscriminatory policy toward all applicants and students. Discovery does not discriminate on the basis of race, color, religion, national and ethnic origin or any other basis that would be unlawful if used.

Parent or Guardian Signature

Date

For Office Use Only

Date/Time Received

Received By