1 2 3 4 5 6 7 8 circle grade entering 2020-2021

2020-2021 Enrollment Lottery

STUDENT: (PLEASE PRINT: FIRST LAST)	Date of Birth: (MM/DD/YYYY)	Race:
Social Security #:	Student Lives With:	Relation to Student:

Mailing Street:	City:	State:	Zip Code:

Special Services Currently Received: (circle all that apply) Special Ed 504 Speech Homeless LEP Migrant	Primary Language Spoken in the home:

Does your child participate in LaChip? (circle one) Yes No If yes, case # _____	Does your family receive SNAPP Benefits? (circle one) Yes No If yes, case # _____

Email:

2020-2021 APPLICATION FOR LOTTERY.

Parent Phone Numbers: Please make sure all phone numbers are correct. If we call and you do not have a valid number, we will go to the next child on the list.

Name:	Home:	Work:	Cell:
Name:	Home:	Work:	Cell:

Other siblings you would like for us to consider should this child be enrolled in APCS?

Name:	Current Grade:
Name:	Current Grade:
Name:	Current Grade:

Filling out these forms only ensures that your child will be placed into the lottery system for enrollment in the upcoming school year. It in no way guarantees acceptance into APCS. Should your child be chosen to attend APCS, another lunch form as well as another student profile sheet will be required at the beginning of the school year. ----------

APCS is free public school, open to all children regardless of race, color, religion, sex, national origin, language, or disability. Listing sibling does not guarantee that he/she will be accepted should the Kdg. child be accepted.

OFFICE USE ONLY

Shot Record_____ Birth Certificate ____ Social Sec. ____ Lunch Form_____ LaCHIP _____