

**Cottonwood Valley Charter School  
2010-2011 School Year  
Intent to Enroll**

Date: \_\_\_\_\_ Sibling's name who currently attends CVCS: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

Student Physical Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

If registering for kindergarten, student birthday must be on or before August 31, 2005

Student Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Student birth place: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother cell phone: \_\_\_\_\_ Father cell phone: \_\_\_\_\_

Mother's email: \_\_\_\_\_  Father's email: \_\_\_\_\_

**NOTICE: Please check the above box if you would like to have announcements and newsletters sent to your email account.**

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**(Emergency Contacts may not be a parent)**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Student lives with: \_\_\_\_\_

\*My child has received special education services during the last year.    \_\_\_\_\_yes    \_\_\_\_\_no

\*My child has received gifted services during the last year.    \_\_\_\_\_yes    \_\_\_\_\_no

\*My child has received free/reduced lunch during the last year.    \_\_\_\_\_yes    \_\_\_\_\_no

Student's grade for the 2010-2011 School Year: \_\_\_\_ Current School: \_\_\_\_\_

Parent's/Guardian's Name (please print): \_\_\_\_\_

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

\* Answering these questions will not affect admission into CVCS