

# Lake Havasu Unified School District

## Oro Grande Classical Academy

### ENROLLMENT / INTEREST

#### APPLICATION

Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	
<input type="checkbox"/> Check box if enrolling more than one child. (see back for additional registrations)		
Parent's Last Name:	First Name:	M.I.:
Home Address:	City:	Zip:
Email Address:		
Home Phone:	Work Phone:	Message Phone:
Present School of Attendance:		
School of Residence:		

*Note:* The following conditions apply to the enrollment in the Oro Grande Classical Academy:

1. Attendance applications for the following school year will be accepted beginning March 1.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before July 12, the parent or legal guardian will be notified in writing via email whether the application has been accepted, rejected, or placed on a waiting list.
4. Transportation for the student shall be the responsibility of the parent or legal guardian.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

#### FOR DISTRICT USE ONLY • DO NOT WRITE BELOW THIS LINE

**Date/Time Stamp:** \_\_\_\_\_

**Filing Date:** \_\_\_\_\_

Accepted

Placed on waiting list

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

# Lake Havasu Unified School District

<b>Child 2</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	

<b>Child 3</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	

<b>Child 4</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	

<b>Child 5</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	

<b>Child 6</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	

<b>Child 7</b>		
Student's Last Name:	First Name:	M.I.:
Grade Level for Next School Year:	Birth date:	