

Pre- Enrollment Student Application For 2025-2026 School Year



Date: _____

Student

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Grade Entering: _____
(MM/DD/YYYY)

Address: _____

City: _____ State: _____ ZIP: _____

Primary Parent:

Name: _____
(First) (Middle) (Last)

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Secondary Parent (if applicable):

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____