

# 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: \_\_\_\_\_