

GEM CHARTER SCHOOL

1704 NORTH CENTER STREET, MESA AZ 85201

PHONE (480) 833-2622, FAX (480) 833-2655

2008-2009 KINDERGARTEN APPLICATION

I (WE) HEREBY AGREE TO ENROLL FOR THE 2008-2009 SCHOOL YEAR:

Student's First Name	Middle Name	Last Name

Student's Address	City, State and Zip	Birthdate

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Student's Home Phone

Student lives with: Mom Dad both

Is the above named student currently in a Special Education Program? Yes No

Is the above named student ELL (Speaks a language other than English at home)? Yes No

If coming from out of state has your child ever attended an ARIZONA public or Charter School? Yes No

Last school your child attended:

School Name	City, State and Zip
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Enrollment is subject to the terms and conditions of the school's handbook

<input type="checkbox"/> M or <input type="checkbox"/> F Race:		
Gender and Race	Home Language	Birth State and/or Country

Mother's Information:

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Mother's Name	Mother's Email Address	Mother's Cell Phone

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Mother's Address (if different from Student)	City, State and Zip	Mother's Home Phone

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Mother's Work Phone

Father's Information:

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Father's Name	Father's Email Address	Father's Cell Phone

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Father's Address (if different from Student)	City, State and Zip	Father's Home Phone

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Father's Work Phone

THIS APPLICATION MUST BE RECEIVED DURING OUR OPEN ENROLLMENT PERIOD. THE SCHOOL IS UNDER NO OBLIGATION TO HOLD OR RESERVE A PLACE FOR ANY STUDENTS UNTIL THE SCHOOL ACCEPTS THIS ENROLLMENT APPLICATION.

THE TUITION SCHEDULES FOR THE KINDERGARTEN PROGRAMS FOR THE 2008-2009 SCHOOL YEAR ARE:

Please check the program you would like for your child

The Academic Day Program (8:30 AM-3:00PM) ----- NO CHARGE

GEM Program Extended Day Program (7:30 AM-5:30PM) --- \$285.00 Per Month and a \$50.00 Non-Refundable Registration Fee (\$40 Registration for additional siblings)

Parent's Signature	Date	Yes _____, No _____
For Office Use ONLY		Accepted for the 2008-2009 year
		Placed in the following classroom
		Elementary _____
Administrator's Signature	Date Received	Lower Elementary _____