

Paul R. Brown Leadership Academy

Application* School Year: _____

Student Information

Student Last Name: _____ FirstName: _____

Grade student will enter in year _____: ____/____/____

Date of Birth (mm/dd/yyyy) ____/____/____

Street Address City State Zip: _____

Does the student have a sister or brother who has or is attending our school now?

Yes _____ No _____

If so, what is the name of the student? _____

Grade _____

Parent/Guardian Information with who does the applicant currently live? (Check all that may apply) ___ Both Parents ___ Both Parents Alternately ___ Mother only ___ Father only

___ Guardian ___ Foster Parents ___ Other Adult Special Custodian Court Instructions: _____ Yes

_____ No

Name of Parent(s) or Legal Guardian(s) _____

Address _____

Home Phone Number _____

Work Phone Number _____

Cell _____

Alternative Phone Number _____

E-mail _____

Signature of Parent/Guardian and Applicant: I certify that all information provided in this application is accurate. I understand that Thomas Academy can deny or revoke admission or enrollment if any information is found to be incomplete or inaccurate.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

* During each period of enrollment, from August 1st to June 30, the charter school shall enroll all eligible students who submit a timely application, unless the number of applications exceeds the capacity of a program, class, and grade level, or building. In this case, students shall be accepted by lottery and the remaining students placed on a waiting list in the order the names were called. The lottery would be conducted in a public forum.