An Atlanta Public Charter School

Application for Enrollment Form

Kindergarten through 4th grade

Student Name:_____Date:_____

Age:_____ Date of Birth:_____

Circle the grade in school during the 2011-2012 academic year: K first second third fourth

Current District: _____Current School:_____

Name of Parent/Guardian: _____

Address:_____Apt #:_____City:_____Zip:_____

Primary Phone #:_____ Alternate Phone #:_____

E-mail address: (please print clearly in the boxes below)

Please Initial the following statements

- I understand that if my contact information changes, I must notify The Kindezi School staff or my enrollment application may be discarded._____

I hereby certify that I am the parent/guardian of _____, that all of the information I have provided
(child's name)
in this form is accurate and complete, and that my child lives within the Atlanta Public Schools district.

Signature of Parent/Guardian:_____Date:_____

We understand that choosing the right school for your child is a very important decision. If you have questions please contact The Kindezi School at **404-671-4900**. Or e-mail questions to info@kindezi.org.

Mail forms to:
98 Anderson Ave. NW
Atlanta GA 30314
or
Fax forms to:
(404) 671-4901