



# North Valley Academy Charter School

A Free, Rigorous, Patriotic K-12 Idaho Public School Offering Educational Choice for Families

## LETTER OF INTENT TO ENROLL

Completion of this form indicates your interest in enrolling your child in North Valley Academy Charter School for the 2016-2017 school year. Your child will be offered a seat in the appropriate grade. If the class has reached capacity, your child will be placed on a waiting list. *North Valley Academy Charter School is a public school which does not discriminate against any student, teacher, or employee on the basis of race, color, national and ethnic origin, religion, gender, social or economic status or special needs.*

**PRINT CLEARLY & MAIL OR DELIVER COMPLETED FORM TO: 906 MAIN STREET, GOODING, ID 83330**

Name(s) of Parent or Guardian \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Your signature verifies that the address below is your legal domicile)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail (Only if you check regularly) \_\_\_\_\_  
Please make a clear distinction between hyphens and underscores.

Students applying for kindergarten must be 5 on or before September 1<sup>st</sup> the year they enroll. To assist with the transition, please indicate if your child has been enrolled in a Special Education pre-K program:  Yes  No

List name(s) of child/children below. (List additional children and all applicable information on a separate form.)

<b>1</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade	Fall of <b>2016-2017</b>	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>2</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade	Fall of <b>2016-2017</b>	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>3</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade	Fall of <b>2016-2017</b>	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female

Have any of the children listed ever been expelled from a public or private school?  Yes  No (If Yes, explain.)