

2024-2025 Enrollment Lottery

08/15/23

Circle the grade ENTERING 2024-2025 **1 2 3 4 5 6 7 8** Attach a copy of last report card

STUDENT: (PLEASE PRINT: FIRST LAST)		Date of Birth: (MM/DD/YYYY)	Social Security Number:
Race/Ethnicity (circle one) AM/Indian Asian/Pacific Is. Black Hispanic White			Hispanic __ Non Hispanic __
Student Lives With:	Relation to Student:		Sex: Male __ Female __
Physical Address:		State:	Zip Code:
Mailing Address (if different):		State:	Zip Code:
Special Services Currently Received: (circle all that apply) Special Ed 504 Speech Homeless LEP Migrant			Primary Language Spoken in the home:
Does your child participate in LaChip? (circle one) Yes No If yes, case # _____		Does your family receive SNAP Benefits? (circle one) Yes No If yes, case # _____	
Parent Email:			

In order for this application to be considered for the 2024-2025 APCS Lottery, the completed application along with the requested documents must be turned in by February 16, 2024.

Please make sure all phone numbers are correct. If we call and you do not have a valid number, we will go to the next child on the list.

Name:	Home:	Work:	Cell:
Name:	Home:	Work:	Cell:

Other siblings you would like for us to consider should this child be enrolled in APCS

Name:	Current Grade:
Name:	Current Grade:
Name:	Current Grade:

Filling out this forms only ensures that your child will be placed into the lottery system for enrollment in the upcoming school year. It in no way guarantees acceptance into APCS. Should your child be chosen to attend APCS, another lunch form as well as another student profile sheet will be required at the beginning of the school year.

APCS is free public school, open to all children regardless of race, color, religion, sex, national origin, language, or disability. Listing siblings does not guarantee that he/she will be accepted should the Kindergarten child be accepted.

OFFICE USE ONLY	Imm: __	Birth Certificate: ____	Social Sec.: ____	Lunch Form: _____	LaCHIP: _____
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