

CORAL SPRINGS CHARTER SCHOOL ENROLLMENT APPLICATION

The enrollment period runs from February 15 - March 15th, after which time a lottery will be held. All applications received after March 15th will be placed on a wait list.

To submit an application:

- 1 Complete all information and sign and date in the space provided at the bottom of application
- 2 Mail to: **3205 University Drive, Coral Springs, FL 33065**
- 3 Or apply online at **www.coralsspringscharter.org**
- 4 Please write in the school year you are applying for: _____

Coral Springs Charter School admits Broward County students of any race, color, national and ethnic origin, religion or gender. Enrollment preference is given to siblings of currently enrolled students, children of Coral Springs Charter School employees and children residing in the City of Coral Springs in accordance with Section 1002.33, Florida Statutes, Charter School-in-a-Municipality.



Please check any of the following that apply:

- Student is receiving special instruction/services resulting from an IEP
- Current education plan is modified as a result of Section 504 recognition
- Student is enrolled in advanced honors class(es)
- Student is enrolled in gifted class(es) (must have IEP)
- ESOL (or ESL)
- ESE/Special Education

STUDENT INFORMATION

Student Name _____ Jr/Sr/III
FIRST MI LAST
Nickname (if applicable) _____ Date of Birth _____
Social Security Number _____ Female Male
Primary Language English Spanish Other Ethnicity _____
For which grade level are you applying? 6 7 8 9 10 11 12

PREVIOUS SCHOOL INFORMATION

Name of school previously attended _____
Address of previous school _____
STREET CITY STATE ZIP

PRIMARY CONTACT INFORMATION

Contact Name (Dr. Ms. Mrs. Mr.) _____ Jr/Sr/III
FIRST MI LAST
Relationship _____ Home Phone () _____ Work Phone () _____
Cell Phone () _____ Email Address _____
Home Address* _____
STREET APT. # CITY STATE ZIP

Custodial Parent/Guardian is a resident of the City of Coral Springs Yes No

*This is where all school correspondence, including report card, will be mailed.

SIBLING INFORMATION

Is a sibling of the applicant currently **attending** this school? Yes No

(If you answered "Yes" to the above question, please enter sibling's name here. If there is more than one sibling attending this school, please list only one.)

Sibling's Name _____ Jr/Sr/III Grade Level _____
FIRST MI LAST

Will a sibling of the applicant be **applying** to this school for **this** school year? Yes No

(If you answered "Yes" to this question, please enter sibling's name here and attach their application. Please submit an application for each sibling applicant.)

Sibling's Name _____ Jr/Sr/III Grade Level _____
FIRST MI LAST

Is the student a dependent of active-duty military personnel? Yes No

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone, name, etc. I will contact the school.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE