

Taylor's Crossing Public Charter School 2010 Lottery Application

Submission of this completed form will allow the child listed to participate in the lottery for the 2010-2011 school year. All lottery applications **must be received on or before Monday, April 5, 2010, by 5 p.m.** to be eligible for the lottery that will be held on Saturday, April 24, 2010, at 11 a.m. at Taylor's Crossing Public Charter School. **Students applying for kindergarten must be 5 years old on or before September 1, 2010.**

Student Name: _____
First M.I. Last

Home Address: _____
House Number, Street, Apt. Number, or Route. City State Zip

Mailing Address: _____
(Only If Different) House Number, Street, Apt. Number, or Route. City State Zip

Birthdate _____ Home Phone: _____ E-mail: _____
mm/dd/yyyy

Father/Guardian Name: _____ Contact Phone: _____

Mother/Guardian Name: _____ Contact Phone: _____

Last School Attended: _____ Current Grade: _____ Grade for 2010 - 2011: _____

Is the student's current residence within the primary attendance area (Bonneville District 93)? Yes No

(A separate application must be completed for each child you wish to enroll. However, to receive sibling preference during the lottery, please list all siblings of the above student who are currently enrolled at T.C.P.C.S. or will also be participating in the 2010 lottery. Check the status category that applies .)

Sibling Name <small>(Indicate last name only if different from student)</small>	Currently Enrolled	Not Enrolled at T.C.P.C.S. Applying for 2010 Lottery
1		
2		
3		
4		
5		
6		

I understand that this application is not a binding contract or a guarantee that my child/children will be enrolled in Taylor's Crossing Public Charter School. To the best of my knowledge, the information herein is accurate and has not been misrepresented or falsified. I understand that any false or incorrect information on this application could jeopardize my child's enrollment should he/she be selected to attend Taylor's Crossing Public Charter School.

Parent/Guardian Signature _____

Date _____

Mail, fax, or hand deliver this application to:
 Taylor's Crossing Public Charter School
 1445 N. Wood River Drive
 Idaho Falls, ID 83401
 Fax (208) 529-2755

Taylor's Crossing Public Charter School is not responsible for delayed, lost, stolen, or misdirected mail. For questions regarding this form or for further information, please contact us at (208) 552-0397 or visit our website at www.tceagles.com.

T.C.P.C.S. does not discriminate on the basis of race, color, national origin, sex, religion, or age in its programs and activities.