



INTENT TO APPLY FOR 2013-2014 TO APPLY SCHOOL YEAR

1st Student

2nd Student

3rd Student

Name (print):

Date of Birth:

Grade Fall 2013: (check one)

K 1st 2nd
3rd 4th 5th
6th 7th 8th

K 1st 2nd
3rd 4th 5th
6th 7th 8th

K 1st 2nd
3rd 4th 5th
6th 7th 8th

Current School:

Current District:

In which local school & district will student reside in fall of 2013?

Same as above:

Same as above:

Same as above:

School: _____

School: _____

School: _____

District: _____

District: _____

District: _____

Does this student have an IEP [Individualized Education Program]?

Yes No

Yes No

Yes No

Students' Address:

City, state, zip:

Parent/Guardian name(s):

Address [if different]:

Home Phone:

Cell:

Email:

Work Phone:

Fax completed form to (503) 907-1024 or email to kcalvert@knovalearning.com
Mail to: 18201 SE Stark St Portland, OR 97233

Office Use Only: Date and Time received: