

Application for Enrollment 2024-25

Student Last Name		Student First Name				
Address			City	Zip _		
Resident School Dis	strict:					
Male	_ Female	Student's Birtho	date	Grade to Enter		
not be included in available in any SA	the lottery. Appl ASD school office nust also comple	icants who live e or on <u>www.she</u> te an Open Enro	inside SASD must boygan.k12.wi.us)	oplications received after also complete an In-Dis by Feb. 8 th , 2024. (All a n through the Departmen	strict Transfer Form pplicants who live	
Current school atter	nding:					
	ving English Learr any other SASD demy does not di	ners (EL) services Charter School fo	or the school year 20	 024-25? Yes No pasis of sex, race, religio		
	•	,				
Siblings living in the	home, (include na	ame and date of l	birth):			
Does the applicant h	nave a sibling curr	ently attending L	CA? Name	e(s)		
If you are a new t	family to LCA: ⊦	lave you attende	d an Open House in	າ 2023?		
Father's Name:			Mother's Name:			
Address:						
City:	State:	Zip:	City:	State:	Zip:	
fome Phone: Cell Phone:				Cell Phone:		
Email:			Email:			
Employer:						
Work Phone:				Work Phone:		
To receive placer	ment informatio	on, list the prim	nary contact:			
Signature of Parent or Guardian			Date			
4K Applicants:	(Bussing not available for midday pick-up at 11 a.m. or drop-off at 12:15 p.m.) Preference (not guaranteed): AM (8-11am) or PM (12:15-3:15)					
For Office Use:		t guaranteeu)	AWI (0-11aili) (л гійі (12.19 - 3.19)		