

# DeLaSalle Charter High School Application

Please Print Clearly

The application must be filled out completely.

This application will be valid for 2016-2017 year only.



Date: \_\_\_\_\_

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Previous School: \_\_\_\_\_  
Current School: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

Sex: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_

Is student currently receiving special education services? Y \_\_\_\_\_ N \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did you or do you currently have siblings at DeLaSalle? Y \_\_\_\_\_ N \_\_\_\_\_

If so, Name \_\_\_\_\_ What Year Did They Attend \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## ALTERNATE PHONE NUMBERS

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(MUST HAVE SIGNATURE)

DeLaSalle Charter High School

3737 Troost Ave - Kansas City, MO 64109

Christle Reed @ 816.561.4445 or Fax to 816-561-0285

Office Use Only:

Date Notified: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail: \_\_\_\_\_

Time Called: \_\_\_\_\_

Date Mailed: \_\_\_\_\_