

DeLaSalle Charter High School Application

Please Print Clearly

The application must be filled out completely.

This application will be valid for 2017-2018 year only.



DELA SALLE
Opportunity Powered by Education

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 Avenue Kansas City, MO 64109

Christle Reed @ 816.561.4445

Fax: 816.561.0285

Office Use Only:

Date Notified: _____

Phone: _____

Mail: _____

Time Called: _____

Date Mailed: _____