

Logos Public Charter School

INITIAL APPLICATION

2011/2012

Applicant's Full Name _____ Birth Date _____ Gender ____ Grade ____

Parent/Guardian _____ Relationship _____ Phone _____

Parent/Guardian _____ Relationship _____ Phone _____

Home Address _____ City _____ State ____ Zip _____

Email (required) _____ District of Residence _____

_____ You may notify me by email if my child is absent from a Campus Class.

Please list most recent schools attended:

Name of Last School	Year Attended	Public	Private	Charter	Alternative
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs Questionnaire	Yes	No
1. My child has been evaluated for special education.	<input type="checkbox"/>	<input type="checkbox"/>
If so, at what age? _____ For what concerns? _____		
2. My child has been enrolled in a special program.	<input type="checkbox"/>	<input type="checkbox"/>
Title I (reading group)	<input type="checkbox"/>	<input type="checkbox"/>
Special education	<input type="checkbox"/>	<input type="checkbox"/>
If so, what district? _____		
Is the IEP current?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the IEP is from a district other than Medford, please submit a copy.</i>		
3. My child has learning difficulties.	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has seen or is seeing a speech therapist.	<input type="checkbox"/>	<input type="checkbox"/>
If in the past, at what age? _____		
5. My child was retained in grade _____. Name of school _____.		

Important Enrollment Information: A student is not enrolled or committed to enrollment by completing these forms. This is an *Application* for enrollment. Do not withdraw from your current school until your child has been accepted as an LPCS student and has completed the registration process.

Parent/Guardian Signature _____ Date ____/____/____

FOR OFFICE USE ONLY:

Date Received	Time	Initials