



Date: _____

Pre-Registration Form

This form places your child with priority on the interest or waitlist (if there is one) for your grade. It is not an enrollment form.

Challenge Charter School is an open enrollment and equal opportunity public charter school and information requested on this form is not required for consideration to enroll and is never used to make enrollment decisions.

Please see the school's Enrollment Policy and Procedures for the process to determine available seats. Please write neatly and legibly.

A separate form needs to be filled out for EACH prospective student.

Child's Name: _____
Last First Middle

Date of Birth: _____ / _____ / _____ **Gender:** Male () Female ()

Home Address: _____ / _____ / _____ / _____
Address City State Zip

Email Address - Email is our primary form of communication with prospective families. To stay up-to-date with our enrollment process, please provide an email address you check regularly: _____

Parent/Guardian #1: _____
Last First Relationship to Child Phone Number

Parent/Guardian #2: _____
Last First Relationship to Child Phone Number

Other Contact Info (Specify) _____

Race - Please circle one: White Black-African American Asian American Indian – Alaska Native Native Hawaiian – Pacific Islander

Please provide the following information for siblings of this student:

LAST Name	FIRST Name	DOB	GRADE	Will this student be attending Challenge as well?
1		/ /		Y N
2		/ /		Y N
3		/ /		Y N

Has this child been expelled from or currently in the process of being expelled from another educational institution?

_____ **YES** _____ **NO**

If yes, please note the school name and date of expulsion: _____

Academic History –*Students MUST turn 5 by September 1st of the enrolling year to qualify for kindergarten.*

What Academic School Year is this pre-registration for (Please Circle One): **23-24 24-25 25-26 26-27**

What Grade is this child being pre-enrolled in (Please Circle One): **KG 1ST 2ND 3RD 4TH 5TH 6TH**

Last Grade Completed _____ **Last School Attended** _____ **Last School District Attended** _____

Please share any relevant considerations for your individual learner including why you want them to attend Challenge Charter School:

Has this student ever been retained*: YES () NO () If "YES", what grade _____

**This is an optional question used only to help the school verify birthdate and school year to ensure your child is placed on the correct school year/grade level list.*

How did you hear about us? _____

Challenge Charter School and Challenge School, Inc. do not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all groups and programs.

For contact information of individuals designated to handle inquiries about CCS policies, please call 602-938-5411 or visit www.challengecharterschool.net