

HOMER COMMUNITY CONSOLIDATED SCHOOL DISTRICT 33C

Request for Early Admission Application

Child's Name: _____
(Must match birth certificate) (First) (Middle) (Last)

(Please attach a copy of the child's birth certificate to this application)

Requesting Early Entrance to: Kindergarten _____ 1st Grade _____

School your child will attend if request is approved: _____

Father's Name: _____

Mother's Name: _____

Guardian's Name: (if applicable) _____ **Relationship to Child:** _____

Street Address _____

City _____ **Zip** _____ **Home Phone ()** _____

Father's daytime phone () _____ **Mother's daytime phone ()** _____

Please list any previous schools, educational opportunities, and/or group experiences in which your child has participated:

List any sibling(s) currently enrolled in school:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Applicant's Signature _____ **Date:** _____

or Office Use Only:	
Date Received: ____/____/____	Initials of Receiver: _____
No	Parent Inventory for Early Admission Application attached Yes

Application Deposit Paid **Yes** **No** ____/____/____ Assessment Fee Paid **Yes** **No** ____/____/____