

Forest Charter School

*A Personalized Learning Program Serving Students in Grades K-12
Accredited by the Western Association of Schools and Colleges*

224 Church St. Nevada City, Calif. 95959 Phone 530-265-4823 Fax 265-5037

APPLICATION FOR ENROLLMENT 2006-07

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

(for additional students, use back of form or additional piece of paper)

Parent/Guardian _____ Phone _____

Address _____ City _____ Zip _____

OtherParent _____ Phone _____

School last attended _____ Phone _____

School last attended _____ Phone _____

School last attended _____ Phone _____

List any Special Education services received by your child(ren): (write child's name on line)

Resource Specialist Program _____

Special Day Class _____

Speech and Language _____

Visually Impaired _____

Deaf or Hard of Hearing _____

Developmental Delay _____

Multiple Disability _____

Orthopedically Impaired _____

Other Health Impaired _____

Emotionally Disturbed _____

Autistic _____

Adaptive Physical Education _____

Physical Therapy or Occupational Therapy _____

List participation in:

Chapter 1 or Title 1 _____

504 Plan _____

Other categorical program participation: _____

I UNDERSTAND AND ACKNOWLEDGE THAT SUBMITTING THIS COMPLETED FORM DOES NOT CONSTITUTE ENROLLMENT (contact school for details).

Parent/Guardian Signature _____

Date _____