

Date: _____

LAVERNE ELEMENTARY PREPARATORY ACADEMY INTENT TO ENROLL

PARENT/GUARDIAN CONTACT INFORMATION

Academic Year: _____

Last Name: _____ First Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

SCHOLAR(S) INFORMATION

Grade	Student Name(s)	Date of Birth	Current School Attending