



CITY ACADEMY

Small Classes ★ Great Teachers ★ BIG Learning!

Accredited by the Northwest Association of Accredited Schools
Member of the Coalition of Essential Schools

Pre-Registration Form 2012-13 Siblings of Current Students
Return this form to City Academy by February 17, 2012

Date: _____ Grade Level for Fall 2012 _____ Date of Birth: _____

Student's Name: _____ Male ___ Female ___

Current City Academy Sibling(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell: _____

School most recently attended: _____ Home District: _____

Math course the student is currently taking: _____

Has your student been suspended or expelled from any previous schools? If so please indicate which school and briefly explain circumstances _____

Does your student receive any specialized services such as resource, speech, self-contained, or any other special education services? If yes please list: _____

My student ___did ___did not receive any truancy citations during the previous school year.

Please attach a copy of student's current transcript. And, if applicable, a copy of their IEP/504.

Parent/Guardian Signature