



# 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 2010-11 Siblings of Current Students Return this form to City Academy by February 19, 2010

Date: \_\_\_\_\_ Grade Level for Fall 2010 \_\_\_\_\_ 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 current report card/transcript and IEP/504 if applicable and return to school office with this form.**

\_\_\_\_\_  
Parent/Guardian Signature