



Enrollment Interest Form 2022-2023 School Year

Please print and fill out all the information requested below and return to Scholars Academy or email to: swheeler@scholarsphoenix.com or llopez@scholarsphoenix.com. A separate form is needed for each student.

Grade Level Applying For: _____

Student's Legal Name:

Last: _____ First: _____ Middle Initial _____ Date of Birth ____ / ____ / ____

School Currently Enrolled: _____ Last Grade Completed: _____

Is your child currently expelled or in the process of being expelled in your current school or district? ____ Yes ____ No

Parent/Guardian and Contact Information:

Father: Last: _____ First: _____

Mother: Last: _____ First: _____

Guardian (if different): Last: _____ First: _____

Father's Email Address: _____ Phone (H): _____ (C): _____

Mother's Email Address: _____ Phone (H): _____ (C): _____

Guardian Email Address: _____ Phone (H): _____ (C): _____

How did you learn about Scholars Academy? (Circle all that apply):

Friend/Neighbor Website Department of Education Drive By Social Media Other: _____

Parent/Guardian signature below affirms the information provided is accurate and complete.

Parent/Guardian Signature

Date

Address: _____ City/Zip Code: _____

FOR SCHOOL USE ONLY

Receiving Principal Signature: _____ Date: _____

D APPROVED

DNOT APPROVED

D WAITING LIST

Received Date: _____