



**Enrollment Interest Form 2024-2025 School Year**

Please print and fill out all the information requested below and return to Scholars Academy or email [jmyers@scholarsphoenix.com](mailto:jmyers@scholarsphoenix.com) or [swheeler@scholarsphoenix.com](mailto:swheeler@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: \_\_\_\_\_