



# INTENT TO ENROLL FORM

UNITED SCHOOLS NETWORK

2017-2018 SCHOOL YEAR

UNITE TODAY. CHANGE TOMORROW.

DATE OF APPLICATION: \_\_\_\_\_

**\*\*\* Students are NOT considered fully enrolled until all required documentation is received by the Admissions Office \*\*\***  
**With this form and Enrollment Packet, please submit copies of the following:**

Birth Certificate     Immunization Records     Parent/Guardian Photo I.D.     Proof of Residency

**Campus**     Columbus Collegiate Academy – Main     Columbus Collegiate Academy – Dana

## STUDENT INFORMATION

**Student Name**                      First                      Middle                      Last

**Address Line 1**                      Street Number                      Street Name                      Apt/Unit #

**Address Line 2**                      City                      State                      Zip Code

**Gender**     Male     Female    **Expected 2017-2018 Grade** \_\_\_\_\_ **2016-2017 Grade** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **City, State of Birth** \_\_\_\_\_

**Current/Last School Attended** \_\_\_\_\_ **Language Spoken at Home** \_\_\_\_\_

**District Middle School (if known)** \_\_\_\_\_ **Native Language** \_\_\_\_\_

*The collection of student demographic information is required by Federal regulation. Please indicate student ethnic origin. Select all that apply:*

Asian     Black or African American (Non-Hispanic)     Hispanic/Latino

American Indian/Alaskan Native     Multiracial     Pacific Islander     White (Non-Hispanic)

**NOTE: Responses to questions below will NOT affect your student’s enrollment opportunity. Collection of this data will help ensure CCA can provide the best support for your student upon his/her enrollment.**

<i>Yes</i>	<i>No</i>	<i>Unknown</i>	Does your student currently receive Special Education services?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please specify: <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 Plan
			<b>*** Please provide documentation to Admissions Office upon enrollment. ***</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your student receive English Language Learner (ELL) services in 2016-2017?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your student currently under disciplinary action (suspension or expulsion) from current/last school attended? Please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your new student a brother or sister of a current student already attending CCA?
			If yes, please specify sibling’s name: _____

## PARENT INFORMATION

**Parent/Guardian 1**                      First                      Middle                      Last

**Address Line 1**                      Street Number                      Street Name                      Apt/Unit #

**Address Line 2**                      City                      State                      Zip Code

**Primary Phone Number**     Check if mobile                      **Secondary Phone Number**     Check if mobile

**Relationship to Student**                      **Email Address**

**Parent/Guardian 2**                      First                      Middle                      Last

**Address Line 1**                      Street Number                      Street Name                      Apt/Unit #

**Address Line 2**                      City                      State                      Zip Code

**Primary Phone Number**     Check if mobile                      **Secondary Phone Number**     Check if mobile

**Relationship to Student**                      **Email Address**

*Homeless Status:*     Yes     No    *If yes, please specify:*

Publicly operated shelter     Privately operated shelter     Lives with friends or relatives

*Student Lives with:*     Mother     Father     Both     Other: \_\_\_\_\_

*To whom should school correspondence be sent?*     Mother     Father     Both     Other: \_\_\_\_\_

*In the case of primary custody, who is the residential parent?:* \_\_\_\_\_

\*\*\* Please provide custodial documentation to Admissions Office upon enrollment. \*\*\*

**How did you FIRST hear about CCA? Select one. Specify, if necessary.**     Letter     Postcard     Phone Call

CCA Alumni     Social Media     Word-of-Mouth     Door-to-Door     Online     Article/Print Media

Community Event     Community Partnership     Other    *Specification:* \_\_\_\_\_

**UNITED SCHOOLS NETWORK | [www.unitedschoolsnetwork.org](http://www.unitedschoolsnetwork.org)**

**Columbus Collegiate Academy – Main** | Grades 6-8 | 1469 East Main Street, Columbus, OH 43205 | Ph: 614-557-0116

**Columbus Collegiate Academy – Dana** | Grades 6-8 | 300 Dana Avenue, Columbus, OH 43223 | Ph: 614-381-7009

**United Preparatory Academy – State** | Grades K-4 | 617 West State Street, Columbus, OH 43215 | Ph: 614-381-7188

**United Preparatory Academy – Main** | Grade K | 1469 East Main Street, Columbus, OH 43205 | Ph: 614-557-3574

**OFFICE USE ONLY**    Date and Time of Full Enrollment or Waitlist: \_\_\_\_\_