



LAFAYETTE CHARTER SCHOOL

learning caring succeeding

351 6th Street, P O Box 125, Lafayette MN 56054 Phone 507-228-8943; Fax 507-228-8288

Kindergarten thru 8th Grade Student Application

Grade entering in 2019-20_____

Today's Date: _____

STUDENT Information

Child's Full Name (first, middle, last) _____

Physical Address: _____

City _____ State _____ Zip _____ Phone _____

FAMILY Information

Name _____ Relationship to child: Both parents Mother Father Guardian Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (please write clearly) _____

Name _____ Relationship to child: Mother Father Guardian Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (please write clearly) _____

How did you hear at LCS? Friends/family Social Media Public Events Newspaper Other: _____

ADDITIONAL Information:

All Students:

- Bussing: If available in your area, full day students are able to ride the bus to and from school. Are you interested in bussing at this time? Yes No Undecided at this time
- Is your child up to date on their immunizations? No Yes

(Students entering *Kindergarten and 7th grade* need proof of immunizations provided to the school)

Kindergarten Students:

- Has your Child been through an Early Childhood Screening? No Yes
(If yes, please indicate location and app. date _____)

All students entering Kindergarten must have completed an Early Childhood Screening before starting Kinder.

Parent Signature: By signing this form I acknowledge my interest in enrolling my child at Lafayette Charter School and acknowledge all terms listed above. By signing this form, I also acknowledge responsibility as the primary account holder for any fees that may be incurred by the student (example: lunches, milk break and snack payments, lost book fees, etc.). I attest that the information I have provided is correct and if any personal information changes I will notify LCS.

Parent signature _____ Date _____

Office Use: Date received _____ LCS Signature _____

Imm Form: Yes N/A

Returning Student New Student

Transportation _____

Notes: _____