



Cornerstone Charter Academy 2010-2011 Student Application Form



(Student pre-enrollment subject to final charter application approval)

Upon completion of this application, your child will be considered for the 2010-2011 school year registration. Please fill out **one application per student and return:**

Via mail to:

Cornerstone Charter Academy
c/o Academica Central Florida, LLC
P.O. Box 100010
Palm Bay, FL 32910-0010

or

Via email to:

academicacflstudents@yahoo.com

fax to:

321.733.4874

Student's Name: _____

Gender: Male Female

Student's Date of Birth: _____

Grade Level for 2010-2011: ____ Name of Last School Attended: _____

Belle Isle/Edgewood Resident

Has the student ever attended a public school? Yes No

Is the student receiving special services? Yes No

If yes, explain below

Name of Parents/Guardians:

Address: _____

Street

City

State

Zip Code

Home Telephone #: _____ Work Phone #: _____ Cell Phone #: _____

Email address: _____

For further questions, please call Academica Central Florida at 321-298-4307

List all school-age siblings who will attend charter school:

Name	Date of Birth	Current School	Current Grade

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

FOR SCHOOL USE ONLY	
Date Received: _____	Received By: _____