

2024-25 Student Application for Enrollment

Date

Student's Name		T 11.1	6:111 N		T
Date of Birth First	/	<i>Full Middle Name</i> Student's Home Phone Number:			Last
Student's Home Address		Stude			
Student's Home Address	Street		Town		Zip Code
Student's Mailing Addre					<u> </u>
(if different from above)	Street/PO Box		Town		Zip Code
Student's current grade	level and scho	ol			_
Grade to which the stude	ent is applying	for enrollment i	n September 20	24	
Kindergarten	1stGrade	2nd Grade	3 rd Grade	4 th Grade	5 th Grade
6 th Grade	7 th Grade	8 th Grade	9 th Grade	10 th Grade	11 th Grade
12th Grade					
Sibling(s) Names and Ag	ges				
Sibling(s) Also Applying					_
					-
Please complete a separat	e application io	or each siding			
Parent/Guardian Information			Parent/Guardian Information		
Name:			Name:		
Relationship:			Relationship:		
Street Address:			Street Address:		
Town and Zip Code:			Town and Zip Code:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Mobile Phone:			Mobile Phone:		
E-mail Address:			E-mail Address:		
I certify that I am this apaccurate:	plicant's custo	dial parent or gu	ardian, and that t	the information of	on this form is complete and
Print Full Name		Sign Name		Date	

MVPCS is open to all students on a space available basis and will not discriminate on the basis of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, immigration status, or academic achievement.

For students who do not receive an offer of admission, families have a right to obtain a copy of the application form before it is destroyed at the end of the school year. Please visit our web site at www.mvpcs.org for more information and to view our Annual Report.