

# Springfield Ball Charter School

## Sibling Application Form (K - 8<sup>th</sup> Grade) For 2019-2020 School Year

For Office Use Only

Date Rec'd: \_\_\_\_\_

No.: \_\_\_\_\_

Sibling Application Form due on or before Thursday, January 31, 2019. Openings will be filled by a lottery.

Student's Legal Name \_\_\_\_\_ Race \_\_\_\_\_  
(Last) (First) (Middle)

Grade Level for **2019-2020** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Kindergarten students must be five (5) on or before September 1<sup>st</sup>.

School last attended: Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of sibling (**K-8**) that attends Springfield Ball Charter School.

\_\_\_\_\_  
(Name) (Grade for 2019-20) (Name) (Grade for 2019-2020)

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_

(include zip code)

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Extension \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_

(include zip code)

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Extension \_\_\_\_\_

Child lives with:  Mother and Father  Mother  Father  Other \_\_\_\_\_

**(Please complete other side)**

Has your child received any special services (i.e. speech or language, learning disabilities or behavior disorders)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services?

***NOTE: Admission to or continued enrollment at Springfield Ball Charter School shall be contingent upon the availability of special education services required for a student.***

Does anyone in your home speak another language than English? Yes \_\_\_\_\_ What Language \_\_\_\_\_  
No \_\_\_\_\_

Does your son/daughter speak a language other than English? Yes \_\_\_\_\_ What Language \_\_\_\_\_  
No \_\_\_\_\_

How did you hear about the Springfield Ball Charter School? Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ School Parent \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 1-19

**\*\*Family must meet District 186 residency guidelines**  
**\*\*\*Current physical and record of immunization needed at time of enrollment/acceptance.**