



**ACADEMIR CHARTER SCHOOL OF MATH AND SCIENCE
STUDENT APPLICATION FORM
2020-2021**

Student's Last Name: _____ **First:** _____ **Middle:** _____

Date of Birth: _____ **Gender:** Male Female

Parents/Guardians: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Has the student ever attended or registered at a Miami Dade County Public School?
(Indicate One) YES NO

Name of School Student is Currently Attending: _____
(Indicate One) PRIVATE TRADITIONAL PUBLIC PUBLIC CHARTER SCHOOL

Grade Level attending in 2020-2021: _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Will you have a sibling also interested in attending during the upcoming 2020-2021 school year?
(Check) YES NO (*If yes, please complete section below)

Name of Sibling: _____ **DOB:** _____

Current School attending: _____ **Current Grade:** _____

PARENT or LEGAL GUARDIAN'S SIGNATURE **DATE**

FOR SCHOOL USE ONLY

Date Received: _____ Processed By: _____