

SY \_\_\_\_\_

Student Application for Caring and Sharing Learning School, Inc.

1951 SE 4<sup>th</sup> Street, Gainesville, Florida 32641

GR \_\_\_\_\_

Telephone (352) 372-1004 Fax (352) 372-0894

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[www.caringandsharingschool.com](http://www.caringandsharingschool.com)

Today's Date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Desired Entry Date: \_\_\_\_\_

Student Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Parent/Guardian Information

Name: \_\_\_\_\_

Address (if different from the student's): \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please list any siblings/relatives who have attended CSLS.

\_\_\_\_\_

Does your child have a special need that we should know about in order to make his/her enrollment with us successful? (Physical, medical, dietary, learning disabilities etc.)

\_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

*By signing this form, you agree to the following:*

- School hours: Mon., Tues., Thurs. and Fri. 8:00 AM – 2:30 PM and Wed. 8:00 AM – 1:30 PM.
- All rules and regulations in the CSLS Student Handbook.

\_\_\_\_\_  
Signature of Parent or Guardian