



LIGHTHOUSE ELEMENTARY COOPERATIVE

Everett School District #2

Enrollment Application

Parent/Guardian Name _____

Street Address _____ City _____

Zip Code _____ Home Phone (____) _____ Other Phone (____) _____

E-mail _____ Home School _____

Children presently in LIGHTHOUSE

(List grade child will be in during the 2012-2013 school year):

1. Child's Name _____ Grade _____

2. Child's Name _____ Grade _____

3. Child's Name _____ Grade _____

New enrollees to LIGHTHOUSE

(List grade child will be in during the 2012-2013 school year):

1. Child's Name _____ Date of Birth _____

Male Female Grade _____

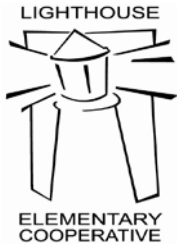
2. Child's Name _____ Date of Birth _____

Male Female Grade _____

Does your child currently have a Special Education IEP or 504 plan? Yes _____ No _____

If yes, please check: Speech OT/PT Academics Behavior Other

List sibling's names, grade level, or birth date if child under 5 years old that may in the future enroll in LIGHTHOUSE:



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Any questions regarding completion of this form please call Michelle Wheeler at (425) 501-0379