

Student Information

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____

Date of Birth: ____/____/____ Place of Birth: _____
Month Day Year

Date of US Entry (if born outside the US): _____

Gender: Male _____ Female: _____ Student ID Number: _____

Grade you are applying for: _____

1. American Indian	
2. African American	
3. Asian	
4. White	
5. Native Hawaiian or other Pacific Islander	
6. Other	

1. Hispanic/Latino	
2. Not Hispanic/Latino	

Special Needs

1. Is the student currently receiving special education services? Yes ___ No ___
2. Does the student have a hearing impairment? Yes ___ No ___
3. Does the student have mobility impairment? Yes ___ No ___
4. Does the student use a wheelchair? Yes ___ No ___
5. Does the student receive speech services? Yes ___ No ___

Previous School Information

Current or Last School Attended: _____ Bilingual Program: Yes/No

City: _____ State: _____ Phone Number: _____

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Previous School: _____ Bilingual Program: Yes/No

City: _____ State: _____ Phone Number: _____

Other

1. How did you hear about us?

Live in the area / drive by _____ Social media _____ Advertisement _____

Referral _____ If so, who? _____

Other (please list): _____

2. Why did you choose La Causa Charter School? _____

Family Information

Student Lives With

1. Both Parents	
2. Mother Only	
3. Father Only	
4. Grandparents	
5. Guardians	

1. Mother/Guardian: Last Name _____ First Name: _____

Street: _____ City _____ Zip Code _____

Phone Number: _____ Work Number: _____

E-mail: _____

2. Father/Guardian: Last Name _____ First Name: _____

Street: _____ City _____ Zip Code _____

Phone Number: _____ Work Number: _____

E-mail: _____

3. Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

La Causa Charter School Enrollment Application | 2020

Siblings at La Causa Charter School or Enrolling at La Causa Charter

Name	Grade	Current Student	New To LCCS Yes/No

The completion of this application does not guarantee that your child will be enrolled at La Causa Charter School. In order for your child to be considered for enrollment, you must submit all documents with this application. If your child is not accepted into our school, all submitted documents will be destroyed on October 30, 2020.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Kindergarten Academy K4-K5
809 West Greenfield Avenue
414-316-4177

Main Campus 1st-8th
1643 South 2nd Street
414-316-3829

Please note that in order to enter the K4 program your child must turn 4 before September 1st 2020. Also, to enter the K5 program the child must turn 5 before September 1st 2020.

Please bring the following documents with your application:

- Birth certificate for K4-K5 and new students to MPS system
- Proof of address-All grades
- Immunization records-All grades
- Most recent report card for students in grades K5-8th

All documents must be submitted with the application.

For more information, please contact Ms. Rojo at our Kinder Academy for grades K4-K5 at 414-316-4177 or Mrs. Montañez at our Main Campus for grades 1st -8th at 414-316-3829.

Thank You

Office Use Only

Student Name: _____

Grade: _____

Student Number: _____

Program: _____

Date Received: _____