



2016-2017 INTENT TO ENROLL FORM

Applications will be considered on a first come, first served basis. If seats are not available in your grade level, you will be placed on a waitlist. Siblings of current students receive preference. **BOLDED FIELDS ARE REQUIRED.**

GUARDIAN 1

FIRST: _____ LAST: _____

ADDRESS SAME AS STUDENT

HOME ADDRESS: _____

CITY: _____ STATE: IL ZIP: _____

CELL NUMBER: _____

OTHER NUMBER: _____

EMAIL: _____

GUARDIAN 2

FIRST: _____ LAST: _____

ADDRESS SAME AS STUDENT

ADDRESS _____

CITY: _____ STATE: IL ZIP: _____

CELL NUMBER: _____

OTHER NUMBER: _____

EMAIL: _____

*Amandla Charter School is a **FREE**, public charter school. Amandla Charter School does not discriminate against students on any basis.*

For more information, please visit our website amandlacharterschool.org



STUDENT INFORMATION

FIRST: _____ LAST: _____

DATE OF BIRTH: _____

CURRENT SCHOOL: _____

2016-2017 GRADE LEVEL: _____

STUDENT GENDER

MALE FEMALE PREFER NOT TO ANSWER

STUDENT HOME

ADDRESS: _____

CITY: Chicago STATE: IL ZIP: _____

HOME / PRIMARY PHONE: _____

DOES THE STUDENT HAVE A BROTHER OR SISTER CURRENTLY ATTENDING AMANDLA?

YES NO

SIBLING NAME: _____