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# Imagine Southeast Public Charter School

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January 18, 2012

Dear Parent(s)/Guardian(s):

We are currently planning for the 2012-2013 school year. Attached you will find a **Sibling Request Form** and an **Enrollment Application (Phase I)** that is to be submitted if you wish to enroll a child who is related to a **currently** enrolled student at Imagine Southeast. This child **must** reside at the same address as the currently enrolled student(s). "Sibling" refers to immediate brother or sister. **These forms must be returned to Ms. Sampson in the Enrollment Office as soon as possible—April 11, 2012 at the latest.**

If you do not have an additional student that you wish to enroll at Imagine, please disregard these forms.

If you have questions, please feel free to contact Ms. Sampson at 202-561-1622 or via e-mail at [imagine.southeast@imagineschools.com](mailto:imagine.southeast@imagineschools.com).

Sincerely,

Stacey Scott  
Principal

Melodi Sampson  
Enrollment Specialist



# Sibling Request Form

## School Year 2012-2013

Please complete **one form** for **each** sibling request.

**Return this form to Ms. Sampson in the Enrollment Office as soon as possible—April 11<sup>th</sup> at the latest.**

*Sibling refers to an immediate brother or sister living in the same household as the currently enrolled student.*

### ***Prospective Student Information (Sibling):***

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Date of Birth Grade for the 2012-2013 School Year

\_\_\_\_\_  
Current School Current Grade

### ***Currently Enrolled Student Information:***

#### ***Student Name:***

\_\_\_\_\_  
Last First MI

#### ***Address:***

\_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip Code

***Home Phone:*** (     ) \_\_\_\_\_ ***Cell:*** (     ) \_\_\_\_\_

***Work Phone:*** (     ) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## 2012-2013 Enrollment Application Phase I

### Student Information

Last Name		First Name		Middle Initial
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (MM/DD/YYYY)		Place of Birth	
Has the student been known by a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the name:		
<b>Ethnicity (choose one):</b> <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Not of Hispanic origin  <b>Race (choose one or more, regardless of Ethnicity):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White				
Name of school attended in 2011-2012:		Grade in 2011-2012	Expected Grade in 2012-2013	
<b>DC residency (check one):</b> <input type="checkbox"/> DC resident (student & parent/guardian live in DC) <input type="checkbox"/> Non-resident (student & parent/guardian live outside DC)				
Student's residential address Street		Student's mailing address (if different from residential address) Street		
Apartment or suite number	Ward	Apartment or suite number	Ward	
City		City		
State	Zip code	State	Zip code	
Type of living arrangement <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		If temporary, is it due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone number				
Sibling name		Sibling name		
School attending		School attending		

## 2012-2013 Enrollment Application Phase I

### Parent/Guardian and Emergency Contact Information

#### Parent/Guardian 1 Contact Information

#### Parent/Guardian 2 Contact Information

First name		Last name		First name		Last name	
Relation to child				Relation to child			
Street address				Street address			
Apartment or suite number		Ward		Apartment or suite number		Ward	
City				City			
State		Zip code		State		Zip code	
Home phone				Home phone			
Cell phone				Cell phone			
Work phone				Work phone			
Email address				Email address			
Who has legal custody of this child? Non-parents must provide legal paperwork proving legal guardianship (ie. court order).							

#### Emergency Contact 1 Information

#### Emergency Contact 2 Information

(Other than parent/guardian)

(Other than parent/guardian)

First name		Last name		First name		Last name	
Relation to child				Relation to Child			
Home phone				Home phone			
Cell phone				Cell phone			
Email address				Email address			

#### How did you learn about Imagine Southeast Public Charter School?

- Referred by a friend/family member (name here): \_\_\_\_\_
- Ad in *East of the River*
- DC Public Charter School Recruitment Expo
- Other (please list here): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date