



Caurus Academy

Learners today. Leaders tomorrow.
41900 N. 42nd Ave.
Anthe, AZ 85086
623.551.503 phone
623.551.5679 fax
info@caurusacademy.org
www.caurusacademy.org

INTENT TO ENROLL FORM

2018-2019 SCHOOL YEAR

Thank you for your interest in Caurus Academy. Please fill out this form **completely**. If you have any questions regarding this form or about Caurus, please contact our main office at 623.551.5083 or info@caurusacademy.org

STUDENT INFORMATION

Student's Legal Name: _____

First

Middle

Last

Student's Date of Birth: ____/____/____

Gender: MALE FEMALE

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Grade student will be entering in **Fall 2018**

Ninth Tenth Eleventh Twelfth

Check here if any siblings are applying to, or currently attend, Caurus Academy for the 2017-2018 school year**.

Name of sibling(s): _____

**Students are considered siblings if they share one or more legal parent. Families must provide a birth certificate or certificate of adoption indicating a common parent to qualify for sibling preference.

EDUCATIONAL INFORMATION

Please give the name and address of the school where your child is currently attending school.

HOW DID YOU HEAR ABOUT CAURUS? _____

