



Iftin Charter School

2016-2017 AFTER SCHOOL APPLICATION

Please PRINT CLEARLY and IF IT IS INCOMPLETE, YOUR APPLICATION WILL NOT BE PROCESSED.

	Last Name	First Name	Date of Birth	Grade Level	Teacher
Child #1					
Child #2					
Child #3					
Child #4					
Child #5					

Parent/Guardian Information

Last Name:	First Name:
Home Phone#: ()	Work Phone#: ()
Cell Phone#: ()	Email:
Home Address:	City/Zip Code:

Please Provide the Day(s) and Times you will be needing the program. For example, if you need the program on Tuesday until 5:45pm, please put 5:45pm in the Tuesday Box.

Program will start on August 29, 2016

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

My Signature indicates that I have read and understand:

- Full-time attendance is required every day. Student will be dis-enrolled if they do not meet the attendance requirement.
- Hours of operation: Mondays-Thursdays 2:50-6:00pm, Fridays 12:15-6:00pm
- Submitting this application does not guarantee participation of the after school program.
- Any information not completed on this application will NOT be processed.

Parent/Guardian's Name: _____	Date: _____
Parent/Guardian's Signature: _____	