



Enrollment Interest Form

Directions: Complete the form to indicate your interest in enrolling your child(ren) at Crescent View Academy

Date: _____

Family Name					
Father			Phone		
Mother			Phone		
Address					
City		State		Zip	

Yes, I want my child to be considered for enrollment this current school year if an opening is available.

**Directions: Fill in your child's name in the correct grade and year of interest.
Be sure to make reference to table before completing.**

Grade	Student Name	Date of Birth	17/18	18/19
Pre-K				
KG				
1 st Grade				
2 nd Grade				
3 rd Grade				
4 th Grade				
5 th Grade				
6 th Grade				
7 th Grade				
8 th Grade				

CVA Age Requirement	Born by	Age	First Enrolled in US	17/18 Grade Level
	12/30/2012	5	8/15/2017	KG
12/30/2011	6	8/15/2016	1	
12/30/2010	7	8/15/2015	2	
12/30/2009	8	8/15/2014	3	

This form is an indicator of your interest in enrolling your child(ren) at one of Crescent View Academy's Programs. It is not an official registration or enrollment form. _____ Initial

Parent Signature: _____ Date: _____

Official Use Only: This form was accepted by: _____ on _____

Signature: _____