



APPLICATION FOR ENROLLMENT 2007 - 2008



Student Name: _____ DOB: _____

Grade in August 2007: K 1 2 3 4 5 6 7 8 9 10

Parent/Guardian(s): _____

Address: _____

City: _____ State: IN Zip Code: _____

Telephone: _____ (day) _____ (evening) E-mail: _____

SIBLINGS YOU ARE ALSO APPLYING FOR:
(Please fill out a separate application for each student.)

| NAME | GRADE |
|------|-------|
| | |
| | |
| | |

SIBLINGS ALREADY ENROLLED IN ICS:

| NAME | GRADE |
|------|-------|
| | |
| | |
| | |

Yes, I want to enroll my child in the ICS for the 2007-2008 academic year.

Parent/Guardian's Signature (if mailing)

Date

PLEASE RETURN THIS APPLICATION TO:

Irvington Community School
6705 E. Julian Avenue
Indianapolis, IN 46219
PHONE: (317)357-5359
E-MAIL: tehgott@ics-charter.org

DEADLINE: March 9, 2007
LOTTERY: March 17, 2007

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