



An Idaho public charter school creating patriotic & educated leaders  
 Located in the Historic New Sweden Building  
 1736 S 35<sup>th</sup> W, Idaho Falls, Idaho 83402

## 2015-2016 LETTER OF INTENT TO ENROLL

Completion of this form indicates your interest in enrolling your child in American Heritage Charter School for the 2015-2016 school year. Your child will be offered a seat in the appropriate grade. If the class has reached capacity, your child will be placed on a waiting list. *American Heritage Charter School is a public school which does not discriminate against any student, teacher, or employee on the basis of race, color, national and ethnic origin, religion, gender, social or economic status or special needs.*

**Print clearly & mail completed form to: 1736 S. 35<sup>th</sup> W., Idaho Falls, ID 83402; Fax to: (208) 529-3344  
or E-Mail to: lordsa@ahcspatriots.us**

Name(s) of Parent or Guardian _____ _____	Relationship to Student(s) _____ _____
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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Your signature verifies that the address below is your legal domicile)

Street Address _____	City _____	State _____	Zip Code _____
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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail (Only if you check regularly) \_\_\_\_\_  
Please make a clear distinction between hyphens and underscores.

Students applying for kindergarten must be 5 on or before September 1<sup>st</sup> the year they enroll. To assist with the transition, please indicate if your child has been enrolled in a Special Education pre-K program:  Yes  No

List name(s) of child/children below. (List additional children and all applicable information on a separate form.)

<b>1</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of <b>2015</b> ):	Date of Birth (mm/dd/yyyy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>2</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of <b>2015</b> ):	Date of Birth (mm/dd/yyyy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>3</b>	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of <b>2015</b> ):	Date of Birth (mm/dd/yyyy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Do you have a sibling(s) already attending AHCS? If so, please list name and grade of sibling(s) :**

Have any of the children listed ever been expelled from a public or private school?  Yes  No (If Yes, explain.)

“The advancement and diffusion of knowledge is the only guardian of true liberty.” ~James Madison