



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

2017-2018 LETTER OF INTENT TO ENROLL

Completion of this form indicates your interest in enrolling your child in American Heritage Charter School for the 2017-2018 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. 35th W., Idaho Falls, ID 83402; Fax to: (208) 529-3344
or E-Mail to: lordsa@ahcspatriots.us**

*****In order to be included in the 2017-2018 Lottery-application must be received by March 31st, 2017 @ 4:00 pm*****

Name(s) of Parent or Guardian _____

Relationship to Student(s) _____

Signature of Parent or Guardian _____ Date _____
(Your signature verifies that the address below is your legal domicile)

Street Address _____

City _____

State _____

Zip Code _____

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 1st 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.)

1	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of 2017):	Date of Birth (mm/dd/yyyy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

2	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of 2017):	Date of Birth (mm/dd/yyyy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

3	First Name	M.I.	Last Name
Home School District		Last School Attended	
Grade (Fall of 2017):	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.)

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