



For Office Use Only

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

# Application for Early Registration 2008-2009

|              |                       |        |
|--------------|-----------------------|--------|
| Today's Date | For the Academic Year |        |
| Last Name    | Father                | Mother |
| Address      |                       |        |
| City         | State                 | Zip    |
| Telephone    | E-mail address        |        |

Children's Information (Please list all children to be registered at SLO Classical Academy):

| Name (Oldest to Youngest) | Sex | Age | Grade in Fall | Birthdate | First Year in SLOCA? |
|---------------------------|-----|-----|---------------|-----------|----------------------|
| A)                        |     |     |               |           |                      |
| B)                        |     |     |               |           |                      |
| C)                        |     |     |               |           |                      |
| D)                        |     |     |               |           |                      |

Track A meets Monday/Wednesday    Track B meets Tuesday/Thursday

Please indicate with a 1 for first choice or a 2 for second choice.

\*You will be placed on both Track A and B waiting lists and your preferences marked as such.

Track choice for each child registered above ( mark with 1 or 2 or check no preference)

|                 |                                    |                                       |  |
|-----------------|------------------------------------|---------------------------------------|--|
| <b>Child A)</b> | <input type="checkbox"/> A-Mon/Wed | <input type="checkbox"/> B-Tues/Thurs | <input type="checkbox"/> No preference |
| <b>Child B)</b> | <input type="checkbox"/> A-Mon/Wed | <input type="checkbox"/> B-Tues/Thurs | <input type="checkbox"/> No preference |
| <b>Child C)</b> | <input type="checkbox"/> A-Mon/Wed | <input type="checkbox"/> B-Tues/Thurs | <input type="checkbox"/> No preference |
| <b>Child D)</b> | <input type="checkbox"/> A-Mon/Wed | <input type="checkbox"/> B-Tues/Thurs | <input type="checkbox"/> No preference |

Please include New Student Registration and Insurance Fee of \$200 per each new student with this registration form. The fee holds your spot and is NONREFUNDABLE. It will not be refunded if you change your mind, if it is deemed that the school is not a good fit, or if a spot does not open up.

I hereby request that my child/children be listed on the waiting list for San Luis Obispo Classical Academy. I understand the fee is nonrefundable and agree to attend a 2008/2009 Parent Information Meeting (beginning February, 2008), obtain and complete the full application (available February 1, 2008) and complete the required family interview process (beginning in March, 2008). I also understand that registering early does not guarantee enrollment.

|                               |      |
|-------------------------------|------|
| Signature of Father or Mother | Date |
|-------------------------------|------|