



1270 Brentnell Ave | Columbus, OH 43219 | Phone (614) 258-8588 | Fax (614) 643-5083

Application for Enrollment **2017-18**

Student Name: _____
First Middle Last

Date of Birth: _____ City/State of Birth: _____

Gender: ___M ___F Is the student Hispanic? Yes No

Ethnicity (*check all that apply*): ___ (I) American Indian or Alaskan Native ___ (A) Asian ___ (B) Black or African-American
___ (P) Native Hawaiian/Other Pacific Islander ___ (W) White

Address: _____
Street City Zip

Home Phone Number: _____ County: _____

Do you have an IEP? ___Yes ___No Do you have a current 504 Plan? ___Yes ___No

School currently attending: _____

School district of residence: _____ **Proof of Residency required**

2016-2017 Grade Level: _____

Parent/Guardian Name: _____

Relationship: _____ Lives with student? Y N Shared custody

Email address: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Relationship: _____ Lives with student? Y N Shared custody

Email address: _____

Work Phone: _____ Cell Phone: _____

If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.

How did you hear about us? ___My school/teacher ___School fair/speaker ___Friend/family ___Mailing
___Poster ___Radio Other: _____

The Charles School at Ohio Dominican University does not discriminate on the basis of race, creed, national origin, ethnicity, religion, gender, sexual orientation, mental or physical disability, special needs, English language proficiency, athletic ability, or academic achievement.

USDA is an equal opportunity provider and employer.

For Office Use Only							
App. Rec	_____	Int. Time	_____	Acc. Letter	_____	PS Entry	_____
Int. Date	_____	Interviewer	_____	Status	_____		