



TREASURE VALLEY CLASSICAL ACADEMY

INTENT TO ENROLL FORM

Completion of this form demonstrates your intent to enroll your child in **Treasure Valley Classical Academy for the 2019 - 2020 school year**. *In no way does submission of this form obligate your student to attend, nor does it guarantee enrollment.*

At this time, we are only accepting Letter of Intent forms. The information will be used to determine interest per grade and applicants will be placed on a waiting list for the desired class on a first-come-first-serve basis.

Please note: One Intent to Enroll form must be completed for each child applying.

APPLICANT INFORMATION

Last Name: _____ Gender: Male ___ Female ___

First Name: _____ Date of Birth: _____

Grade for which student is applying (K - 6): _____

(Please note that children must be 5 years old by September 1st, 2019, to be eligible to enroll in Kindergarten)

PARENT/GUARDIAN INFORMATION

Last Name: _____ Relationship to Child: _____

First Name: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Does the parent/guardian reside at the same address as the student? Yes ___ No ___

By checking each line below and signing my name, I certify that:

___ The information provided in this form is accurate and complete.

___ I understand I will have to prove my child's residency within Idaho before he/she can attend TVCA.

___ I understand that intentionally falsifying information may result in disqualification of an applicant.

___ I know that it is my responsibility to alert TVCA if my address or contact information changes.

___ I understand that uniforms will be required, and the school board will set the standards.

Signature of Parent/Guardian: _____

Date: _____