

# Spanish With Sarah

2204 NE Birch St., Camas, WA 98607

360-990-1585

www.spanishwithsarah.com

PRESCHOOL-  
FIFTH GRADE



## Application for Admission

### Parent/Guardian Information

Name \_\_\_\_\_ email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

☐ I have provided additional custodial and contact information on the back of this page.

### Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female  
First (Preferred Name) Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade applying for: **Kinder** ☐ **1<sup>st</sup>** ☐ **2<sup>nd</sup>** ☐ **3<sup>rd</sup>** ☐ **4<sup>th</sup>** ☐ **5<sup>th</sup>** ☐ **Preschool** - ☐ M-W-F ☐ T-Th AM ☐ PM ☐

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**School my child(ren) is currently attending:** \_\_\_\_\_ Records request made: Y / N

☐ Special services were provided to my child(ren) in the last 2 years (Resource Room, Tutoring, Speech, etc.)

Specify: \_\_\_\_\_

☐ Special needs, concerns or gifts of my child(ren) \_\_\_\_\_

☐ Allergies \_\_\_\_\_

☐ Persons with permission to pick-up my child(ren) \_\_\_\_\_

☐ Emergency Contact Information \_\_\_\_\_

☐ Permission to include contact information in a class directory: Y / N

☐ Permission to include your student photos—no names (please initial if permission granted):

Class Newsletters \_\_\_\_\_ Website \_\_\_\_\_ School Face Book \_\_\_\_\_ Videos \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Registration/supply fee for K-5 is \$300 (Non-refundable.)

Preschool registration/supply fee is \$200. (Non-refundable.)

Office Use: Amount paid \_\_\_\_\_ Date Received \_\_\_\_\_ Received by \_\_\_\_\_