

Dayspring Academy Lottery Registration Form

Date: _____

Legal Name: _____ 2009-2010 Current Grade: _____ 2010-2011 Grade: _____

Date of Birth: ____/____/____ Sex: ___F ___ M

Mailing Address: _____ Phone #: (____) ____ - ____
Street City Zip

Pasco County Resident: ___Yes ___No Child's Place of Birth (City & State) _____

Child resides with (Check one): ___Parent ___Legal Guardian ___Other (relative/friend)

Parent/Guardian Name: 1. _____ Place of Employment: _____

Parent/Guardian Name: 2. _____ Place of Employment: _____

Work Phone # Parent/Guardian #1: (____) ____ - ____ Cell/Pager #: (____) ____ - ____

Work Phone # Parent/Guardian #2: (____) ____ - ____ Cell/Pager #: (____) ____ - ____

Alternate Contact Names:

1. _____ Phone #: (____) ____ - ____

2. _____ Phone #: (____) ____ - ____

Has this student ever been enrolled in Pasco County Schools: _____

If yes, name the last school and enrollment date:

School Name _____ Enrollment Date _____

Please list any school age siblings residing in the home who are enrolled in Dayspring Academy:

<u>Last Name</u>	<u>First Name</u>	<u>Teacher</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please enter additional sibling information on back.**

Please list any other school age siblings residing in the home who you would like enrolled in Dayspring Academy:

<u>Last Name</u>	<u>First Name</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____