



# MILLENNIUM CHARTER ACADEMY

## Admissions Application

Name of Student \_\_\_\_\_ Preferred Name \_\_\_\_\_  
(first, middle, and last names)

Date of Birth \_\_\_\_\_ Present Grade \_\_\_\_\_ Applying to Grade \_\_\_\_\_ Desired enrollment (now, fall, etc.) \_\_\_\_\_

Street, City, State, Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Resides With: \_\_\_\_\_ County \_\_\_\_\_  
Name(s) Relationship

**If you currently have other children enrolled in Millennium Charter Academy, please list their names and grades. (During the upcoming year, siblings of currently enrolled students receive admission priority.)**

name	grade level	name	grade level
name	grade level	name	grade level

**Authorization for Release of Records (for students entering 1<sup>st</sup> – 12<sup>th</sup> grades)**

Previous School: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

School Address, City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

School Address, City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Sir or Ma'am,

As parent and/or legal guardian of \_\_\_\_\_  
(first, middle, and last names)

I hereby authorize you to release my child from your school. Furthermore, I authorize Millennium Charter Academy to obtain all records from regular education and from special education, including

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Transcript                 | <input checked="" type="checkbox"/> IEP/504 Information            |
| <input checked="" type="checkbox"/> Grades                     | <input checked="" type="checkbox"/> Cumulative File                |
| <input checked="" type="checkbox"/> Test Scores                | <input checked="" type="checkbox"/> Disciplinary History           |
| <input checked="" type="checkbox"/> Health and Medical Records | <input checked="" type="checkbox"/> Exceptional Children's Records |
| <input checked="" type="checkbox"/> Attendance Records         | Other _____  |
| <input checked="" type="checkbox"/> Psychological Records      | _____  |

**I testify that all the information submitted herein is accurate and truthful. Furthermore, if my child is enrolling in first – twelfth grade and once I have accepted a seat, I grant Millennium Charter Academy permission to request records from previous schools.**

\_\_\_\_\_  
Signature of Parent/ Legal Guardian Date \_\_\_\_\_

Application date (office use) \_\_\_\_\_