

School Year

2004/05

GRADE:

Laurent Clerc Academy Enrollment Application Form

To apply to LCA, please complete and return this application by fax or mail it to: Susan Wolf-Downes, Executive Director, Northeast Deaf & Hard of Hearing Services, Inc., 125 Airport Rd, Concord, NH 03301, Fax: 603-225-4346.

Student Name _____ Sex: [] M [] F
Last First Middle (Goes by)

Student Mailing

Address _____
Street Apt # City State Zip

Student Legal, if other

Address _____
Street Apt # City State Zip

Student Birth Date ___/___/___ Age on 9/1 _____ Last Grade Completed by 6/2004 _____
M D Y

Current School _____ District Name _____ SAU # _____

Address _____ Telephone () _____
Street City State Zip

School Principal: _____ Special Education Administrator: _____

Parent(s) and/or Legal Guardian(s)

Name _____ Phone: (Day) _____ Phone: (Eve) _____

Address/Phone _____ Relationship: _____

Name _____ Phone: (Day) _____ Phone: (Eve) _____

Address/Phone _____ Relationship: _____

By signing this form, I attest that I am the legal guardian for this child. If my child is able to attend LCA, I will participate in the LCA program for academic expectations and parent involvement. I agree to release my child's mainstream & special education records from the sending school district.

Parent/Guardian Signature _____ Date _____

RETURN COMPLETED FORM TO: **Susan Wolf-Downes** (address above)

For more information, go to www.nhdeaf-hh.org or www.nhschoolreform.org

For Office Use Only

Date Received _____ Parent Notification _____ Interview Date _____ Status _____

[] Records requested Date _____ [] Records Received Date _____