



Birch Grove Community School
Student Application Form

Date: _____

Student Legal Name:

First: _____ Middle: _____ Last: _____

Grade Entering: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____

Email Address: _____

Home Phone #: _____

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

I verify that the information contained on this form is correct and my child is eligible for the grade applying for.

Parent/Guardian Signature: _____

*To qualify for enrollment in kindergarten, child must be age 5 by September 1