



ECE APPLICATION FOR ADMISSION

Family Information:

Parent/Guardian name _____ Relationship to Applicant _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Name of Business _____ Occupation _____ Work Phone Number _____

Parent/Guardian name _____ Relationship to Applicant _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Name of Business _____ Occupation _____ Work Phone Number _____

For Office Use Only

Application Fee _____ Date Received _____ Family ID _____
(Valid for one school year)

Tour Date _____ Applying for (**school year**): _____