



Lighthouse Cooperative

Everett School District #2

Enrollment Application

Parent/Guardian Name _____

Street Address _____ City _____

Zip Code _____ Home Phone (____) _____ Other Phone (____) _____

E-mail _____ Home School _____

Children presently in LIGHTHOUSE

(List grade child will be in during the 2017-2018 school year):

1. Child's Name _____ Grade _____

2. Child's Name _____ Grade _____

3. Child's Name _____ Grade _____

New enrollees to LIGHTHOUSE

(List grade child will be in during the 2017-2018 school year):

1. Child's Name _____ Date of Birth _____

Male Female Grade _____

2. Child's Name _____ Date of Birth _____

Male Female Grade _____

Does your child currently have a Special Education IEP or 504 plan? Yes _____ No _____

If yes, please check: Speech OT/PT Academics Behavior Other

List sibling's names, grade level, or birth date of child under 5 years old, that may in the future, enroll at LIGHTHOUSE:

Any questions regarding completion of this form please email registrar@lighthousecoop.org