



Imagine Charter School at Weston
VPK Application- Lottery Registration Form 2018-2019
SPACE IS BASED ON AVAILABILITY

***** A separate form must be completed for each applying student*****

Date: _____

Child's Legal Last Name: _____ First: _____ Middle: _____

Gender: Female _____ Male _____ Date of Birth: _____
(must be 4 years old by September 1, 2018)

Current school: _____ City _____ State: _____

VPK/PreK Program applying for: (There is a one-time, non-refundable registration fee)

_____ VPK only (11:30 AM- 2:30 PM) _____ VPK/PreK extended day (8:00 AM - 2:30 PM)
(limited availability) (extended day has a monthly fee in addition to \$200 monthly voucher)

List siblings currently attending Imagine Weston and continuing for the 2018-2019 school year:
(incoming siblings will have priority for VPK admission)

Name: _____ Grade: _____

Name: _____ Grade: _____

Parent/Guardian Names:

Mother: _____ Father: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mom's Mobile: _____ Dad's Mobile: _____

Mom's email: _____ Dad's email: _____