Imagine School at Broward

9001 Westview Drive Coral Springs, Florida 33067
Phone:(954)255-0020 Fax: (954)255-1336

2018-2019 School Year Lottery Application
Kindergarten-8th Grade

PARENT INFORMATION

DATE:_____

PARENT NAME:_____ **PARENT NAME:**_____

HOME ADDRESS: _____ **APT#:**_____

CITY:_____ **POSTAL CODE:**_____

HOME PHONE:_____ **ALTERNATE PHONE:** _____

EMAIL (PRIMARY):_____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD YOU WISH TO PRE ENROLL

STUDENT NAME:_____
LAST FIRST

GENDER: **MALE** ☐ **FEMALE** ☐ DATE OF BIRTH:_____/_____/_____

ENTERING GRADE: **K** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐

*IF CHILD HAS A SIBLING THAT IS CURRENTLY ENROLLED AT THIS SCHOOL PLEASE PLACE AN " X" _____

CURRENT SCHOOL: _____
SCHOOL NAME CITY STATE

STUDENT NAME:_____
LAST FIRST

GENDER: **MALE** ☐ **FEMALE** ☐ DATE OF BIRTH:_____/_____/_____

ENTERING GRADE : **K** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐

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