

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

2020-2021 School Year Lottery Application
Kindergarten-8th Grade

PARENT INFORMATION

DATE: _____

PARENT (1) NAME: _____ PARENT (2) NAME: _____

HOME ADDRESS: _____ APT#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

EMAIL (PRIMARY): _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

STUDENT NAME: _____

GENDER (CIRCLE): LAST FIRST
MALE / FEMALE DATE OF BIRTH: _____ / _____ / _____

ENTERING GRADE (CIRCLE): **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: _____

GENDER (CIRCLE): LAST FIRST
MALE / FEMALE DATE OF BIRTH: _____ / _____ / _____

ENTERING GRADE (CIRCLE): **K 1 2 3 4 5 6 7 8**

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SCHOOL NAME CITY STATE