

COSSA ACADEMY

REGISTRATION FORM

2011-2012

Name _____
First Middle Last

Date of Birth _____ Male _____ Female _____

Physical Address _____

Mailing Address _____
Street or PO Box

City _____ Zip Code _____

Parent or Guardian Name(s) _____

Phone _____ Father Work # _____

Emergency _____ Mother Work # _____

E-Mail _____ Parent Cell # _____

Last School Attended _____

HAVE YOU EVER BEEN ON OR CURRENTLY RECEIVING SERVICES FOR AN:

Individual Education Plan (IEP)? _____ Date _____

English Second Language (ESL)? _____ Date _____

Limited English Proficiency (LEP)? _____ Date _____

***I have read and understand all policies set forth in the COSSA Academy Handbook. I agree to abide by these policies as stated in the student Handbook. I also understand that in the event that I fail to read the handbook, I will still be held responsible for its contents.**

Parent's Signature _____

Student's Signature _____

PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE DISMISSAL FROM THIS PROGRAM.