Friendship Aspire Academy Public Charter School
ARKANSAS

Application for 2018 - 2019 School Year

What campus are you applying to?

☐ Pine Bluff ☐ Covenant Keepers ☐ Garland

Friendship Aspire Academy Public Charter School
ARKANSAS

Student Information

Last Name _____ Name _____ Middle Name _____

Street Number and/or Apartment Number _____ City and State _____ Zip Code _____

Date of Birth ___/___/____ Male or Female

Was the student born on or before August 1, 2013? * Yes No

Has the student previously attended school? * Yes No

Entering Grade * Kindergarten First Grade

Primary Parent/Guardian Information

Last Name _____ Name _____ Middle Name _____

Relationship to Student:
Mother Father Court Appointed Guardian Other: _____

Primary Phone Number * ( ) - Alternate * ( ) -

Parent/Guardian Email _____

Additional Parent/Alternative Guardian Information

Last Name _____ Name _____ Middle Name _____

Relationship to Student:
Mother Father Court Appointed Guardian Other: _____

Primary Phone Number * ( ) - Alternate * ( ) -

Parent/Guardian Email _____

How were you referred to our school? _____

Why did you choose Friendship Aspire Academy? _____