Memorial Academy of Learning & Technology Charter School
Student & Parent/Guardian Application Form
2008 - 2009

Grade Level (Please indicate the grade that applicant will be entering September, 2008)

☐ 6th ☐ 7th ☐ 8th

Student Information (Please type or print in ink and submit one application form per student)

Last Name First Name Middle Name

Date of Birth Male/Female Current Grade

☐ Returning Memorial student ☐ New student to Memorial

Current School _____ City _____State _____

Previously enrolled in a San Diego City School? ☐ Yes ☐ No

Date of first enrollment in a U.S. School _____

Family Information (Please Print)
With whom does the applicant currently live? ☐ Mother ☐ Father ☐ Extended Family ☐ Guardian

Last Name (Circle: Mother/Father/Guardian) First Name

Last Name (Circle: Mother/Father/Guardian) First Name

Street Address (list primary student/parent address) City State Zip Code

Home Phone Number (____) _____ Work Phone Number (____) _____
E-mail address _____ Cell Phone (____) _____

Memorial Academy registration is held in August. More information will be mailed to you during the summer.
All accepted students and parents must attend registration in August to complete enrollment packets.

Parent Signature _____ Date _____

Received by _____ Date received _____

Mail or Fax to:
Memorial Academy of Learning & Technology Charter School
2850Logan Avenue, San Diego, CA 92113
Phone: (619) 525-7400 Fax: (619) 525-7498