



# Application 2011-2012

**Edward W. Bok Academy**  
 13901 HWY 27 Lake Wales, FL 33859

Phone: 863.638.1010

[www.bokacademy.org](http://www.bokacademy.org) faxes not accepted.

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| <ul style="list-style-type: none"> <li>Review the Bok Website carefully as this school is designed for students committed to academic achievement and community service.</li> <li>You must complete both pages of the application for <u>each</u> child you wish to enroll.</li> <li>Incomplete applications will be returned, if possible, or considered void.</li> <li>Enrollment consideration is given to: geographic balance, social-economic status, gender, ESOL, gifted/talented, bilingualism and <u>conduct</u>.</li> </ul> | <ul style="list-style-type: none"> <li>To be valid, application must be completed, signed by a parent or guardian, dated and delivered or mailed to:<br/> <b>Edward W. Bok Academy</b><br/> <b>13901 HWY 27</b><br/> <b>Lake Wales, FL 33859</b><br/>                     (Faxes will NOT be accepted)</li> <li>It is your responsibility to advise Bok Academy if you have a change in contact information.</li> </ul> |
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**STUDENT INFORMATION** Student ID# \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: **M** **F** Current Grade: \_\_\_\_\_ Applying for Grade: (circle one) **6<sup>th</sup>** **7<sup>th</sup>** **8<sup>th</sup>**

**STUDENT LEGAL NAME**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current School: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**BUS** Transportation Needed?  YES **-OR-**  NO

<input type="checkbox"/> Regular Education Student	<input type="checkbox"/> Free or Reduced Lunch
<input type="checkbox"/> LWCS Employee's Child	<input type="checkbox"/> ESOL/English Language Learner
<input type="checkbox"/> ESE: Gifted/Alpha-List Teacher's Name: _____	<input type="checkbox"/> Bilingual
<input type="checkbox"/> ESE: Other Exceptionalities	<input type="checkbox"/> Other: _____

**HOME ADDRESS**

\_\_\_\_\_ Apt # \_\_\_\_\_

Street Address (Please Print Clearly)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MAILING ADDRESS** (if different than above Home Address)

\_\_\_\_\_ Apt # \_\_\_\_\_

Street Address or PO Box (Please Print Clearly)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Open Enrollment Ends 4pm February 4, 2011**

Office Use Only: Delivery Method: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_



Lake Wales Charter Schools, Inc.  
is an equal opportunity institution for education.

*We encourage you to speak with Bok families and research our program to make sure Bok Academy is the best choice for your child.*

**ETHNIC CODE:**

- A.  Asian/Pacific Islander
- B.  American Indian, Alaskan Native
- C.  Hispanic
- D.  Multi-Racial, Black
- E.  Multi-Racial , Non-Black
- F.  White, Non-Hispanic

**FAMILY INFORMATION**

Parent/Guardians (Living in SAME household as student applicant)

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work or Cell Phone Number

**PRIORITIES:** Please list any siblings (brothers/sisters; half or step) *in the same household* currently attending or applying for Edward W. Bok Academy.

**Student's Name:** \_\_\_\_\_

Last Name First Name M.I.

\_\_\_\_\_

DOB (MM/DD/YYYY) Current Grade Sibling is presently: \_\_\_\_\_ **Enrolled** -or- \_\_\_\_\_ **Applying**

**Student's Name:** \_\_\_\_\_

Last Name First Name M.I.

\_\_\_\_\_

DOB (MM/DD/YYYY) Current Grade Sibling is presently: \_\_\_\_\_ **Enrolled** -or- \_\_\_\_\_ **Applying**

**Student's Name:** \_\_\_\_\_

Last Name First Name M.I.

\_\_\_\_\_

DOB (MM/DD/YYYY) Current Grade Sibling is presently: \_\_\_\_\_ **Enrolled** -or- \_\_\_\_\_ **Applying**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MUST BE SIGNED OR APPLICATION IS VOID**

Mail Completed and Signed Application to:  
Edward W. Bok Academy  
13901 HWY 27  
Lake Wales, FL 33859  
Phone: 863.638.1010 [www.bokacademy.org](http://www.bokacademy.org)