

EDDYVILLE CHARTER SCHOOL

Intent to Enroll Form 2017-2018

Name of Parents or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of Students Enrolling:	Date of Birth:	Grade Level:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did any of these students attend school somewhere else during the 2016-17 school year? _____

If so, where? _____

Do you currently have students enrolled at Eddyville Charter School? _____

Student's Names: _____

Please Return this form to the address below or email it to missy.endicott@lincoln.k12.or.us

1 Eddyville School Road
PO Box 68
Eddyville, Oregon 97343

PHONE 541.875.2942
FAX 541.875.4050