



Birch Grove Community School  
Student Application Form

Date: \_\_\_\_\_

Student Legal Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Gender: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_

Parent/Guardian Name 2:  
\_\_\_\_\_

*I verify that the information contained on this form is correct and my child is eligible for the grade applying for.*

Parent/Guardian Signature: \_\_\_\_\_