

## Enrollment/Waitlist Request School Year 2023-24

Child's Name:			<u> </u>
What grade will	this child be in during the 2023-24 school	ol term:	Date of Birth:
Is the student cu	rrently expelled from school?	No	
Has this child or a sibling previously attended Arkansas Arts Academy?   Yes No			
Contact Informati Name of Parent	an Cuandian		
Street Address:			
City, State, Zip:			
Home Phone:		Cell Phone:	
Email address:			
Parent Signature			_
Sibling Information Does this child ha	on: ve a sibling(s) who is also submitting a l	ottery form?    Yes	□No
Does this child have a sibling(s) who is currently enrolled in Arkansas Arts Academy?   Yes No			
Please list siblings and their grade level who are submitting lottery forms and/or who have a sibling enrolled in Arkansas Arts Academy.			
Name:		Grade:	Currently enrolled
Name:		_Grade:	Currently enrolled
Name:			Currently enrolled
Name:		_Grade:	Currently enrolled
-			ours) after you have been notified, to accept or , and your lottery form will be removed from the

## Please drop off the lottery form at the address below, fax, or email:

Administrative Office 1110 W. Poplar Street Rogers, Arkansas 72756

pool. If you wish to be added back into the lottery pool, you will need to submit a new form.

Pam Lewis, District Registrar plewis@artsk12.org

Fax: (479)662-4081 Phone: (479)877-1764