

ENROLLMENT APPLICATION

WORCESTER ARTS MAGNET SCHOOL

Check if Interested in Preschool / Check AM or PM

Name of Parent(s)/Guardian(s) _____ Phone _____

Email _____

Address _____
Street Apartment # City/State Zip Code

Name of Children Requesting Enrollment	Date of Birth	Present School	Grade to be entered in September 20____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ethnic Code (Check One)

American Indian Asian Hispanic Non-White Hispanic White Black Non-Hispanic White Non-Hispanic

Complete and return this form via email to encarnaciona@worcesterschools.net