



LOS ANGELES INTERNATIONAL CHARTER HIGH SCHOOL

Enrollment Form SNAPSHOT

Student Name:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Last First Middle		
Home Address:	_____		
	Street City State ZIP		
Home Phone: (____)	_____	Date of Birth: _____	Current Grade: _____
Current or Last School Enrolled:	_____		
Parent Name:	_____	Mother <input type="checkbox"/>	Father <input type="checkbox"/>
	Last First		
Parent Signature:	_____	Date: _____	