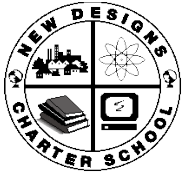


NEW DESIGNS CHARTER SCHOOL



Registration Application

STUDENT'S INFORMATION

Student's Last Name: _____ First: _____ M.I.: _____

Applying for Grade: _____ Date of Birth: _____

Social Security Number: ____ - ____ - ____ Gender: ____ Place of Birth: _____

Student's Home Address: _____

Home Phone: _____

Schools Attended:

Name of school	Dates Attended	Address

Siblings also applying to New Designs Charter School:

Name _____ Grade _____ Name _____ Grade _____

PARENT(S) INFORMATION(Provide address ONLY if different from student's)

Father's name: _____ Address _____

Telephone: _____

Mother's name: _____ Address _____

Any additional information:

On a separate sheet of paper please explain why you are interested in attending New Designs Charter School.

New Designs Charter School will not discriminate on the basis of race, color, sex, national and ethnic origin, age, religion, or disability in the administration of its educational policies, admission policies, and athletic and other school-administered programs.

Please submit this form with any attachments to:

Admission Office

New Designs Charter School

P.O Box 77720 Los Angeles, CA 90007 Phone: 310 243-3732 – Fax: 323-757-1952

e-mail: admin@newdesignscharter.org

For Office Use Only

Recd: _____ Confirmation sent _____