Las Américas ASPIRA Academy
Intent to Attend LAAA for SY 2024-2025

Student Name: _____ **Grade**:_____
LAST NAME **FIRST NAME** **M.I.**

A. CERTIFICATION OF INTENT TO ENROLL

I, _____, parent or guardian of _____
(Parent's/guardian's name, last name) (Name, last name of child who will be enrolled)

Entering grade: _____ will enroll my child at LAAA for the **2024 - 2025** school year, and acknowledge that I intend for my child to attend this school for the complete school year. I understand that I am permitted to withdraw my child(ren) from the school for any "good cause" set forth in the charter school law.

Print Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

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B. BUS FUNDING ELIGIBILITY & RESIDENCY

Student's primary residence: _____
Street Address Apt. /Development

_____
City State Zip Code

Student's Primary Residence is:

_____ Less than 1 mile driving distance from school
_____ More than 1 mile driving distance but less than 2 miles from school
_____ more than 2 miles driving distance from school

My child will be a _____ Bus Rider _____ Car Rider

Bus transportation information will be mailed to the above address in the summer.

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C. Mother's Occupation : _____ Employer: _____

Father's Occupation: _____ Employer: _____