



Bilingual Community Academy Public Charter School

APPLICATION FOR ENROLLMENT
2006-2007 SCHOOL YEAR

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Grade Applying for: _____

Name of current School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please tell us how you learned about ABC?:

Please mail or fax your completed application to:
Academia Bilingüe de la Comunidad
1501 Columbia Road, NW
Washington, DC 20009
Or email to info@abcpcs.org
Or fax to 202-822-6303