

# West Ridge Academy Charter

6200 West 20<sup>th</sup> Street  
Greeley, Co 80634  
970-330-3671 fax 970-330-3679

## INTEREST FORM

Date \_\_\_\_\_

Full name of student \_\_\_\_\_

Name student prefers \_\_\_\_\_

Address of student \_\_\_\_\_

Home phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Present school \_\_\_\_\_

Present grade \_\_\_\_\_

Father's name \_\_\_\_\_

Father's occupation \_\_\_\_\_

Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Work phone \_\_\_\_\_

Who does the student live with? \_\_\_\_\_

Brothers/sisters (names and ages) \_\_\_\_\_

Referred to West Ridge Academy Charter by \_\_\_\_\_

Parent  
signature \_\_\_\_\_

Please return this form to West Ridge Academy Charter, 6200 W. 20<sup>th</sup> Street, Greeley, Co 80634

Or fax to 970-330-3679

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