**EPCS APPLICATION**

*(Please print)*

Today's date:

We/I hereby request that
be admitted to the Elgin Parent Co-op School. (*Child’s full name)*

Name to be called at school:

Date of birth: Sex: M or F

Address:

Child lives with:

Mother's name:

Mother’s address (if different from above):

Mother’s home phone:

Business phone:

Mother’s cell #:

Mother’s email:

Mother’s work hours:

Father’s name

Father’s address (if different from above):

Father’s home phone:

Business phone:

Father’s cell #:

Father’s email:

Father’s work hours:

Other children in the family:

 *Name Sex Birth date*

How did you learn about the Elgin Parent Co-op School?