Office Use Only: Date Application Received:

## APPLICATION FOR LOGANVILLE LITTLE LEARNERS

LOGANVILLE HIGH SCHOOL

Walton County Board of Education 678-684-2933



CHILD'S BIRTHDATE		
CHILD'S NAMELAST	FIRST	MIDDLE
NAME CHILD IS CALLED		
HOME PHONE NUMBER		
HOME ADDRESS		
EMAIL ADDRESS		
FATHER'S NAME	OCCUPA	TION
BUSINESS PHONE	CELL	
MOTHER'S NAME	OCCUPA	TION
BUSINESS PHONE	CELL_	
DOES YOUR CHILD NEED HELP WIT	'H ANY SPECIAL	
DIFFICULTIES?		
ADDITIONAL INFORMATION WILL I	BE OBTAINED AT THE TIME	OF ACCEPTANCE.
	DATE	
PARENT SIGNATURE		
RETURN APPLICATION TO:	LOGANVILLE HIG ECE DEPARTMEN' 100 TRIDENT TRA LOGANVILLE, GA	T IL

THE WALTON COUNTY BOARD OF EDUCATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP IN ITS EDUCATIONAL PROGRAMS OR ACTIVITIES.