

Mailing Address (if different from child's address)		Apartment or Unit Number	
City	State	Zip Code	
With whom does the student live with? (Choose only ONE) <input type="checkbox"/> Parent #1 Only <input type="checkbox"/> Parent #2 Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify: _____			
★ County of Residence:		**Please note that this application is for Wake County Residents ONLY. If you are not residing in Wake County, <u>we cannot</u> serve your child.	



HOUSEHOLD SECTION

! This section must be completed to process your application

Please list **ONLY** the child, parents, stepparents, siblings, and/or legal guardians who live with the child

Name	Relationship to Child	Date of Birth	Name of Current School Attending
Child's Name	Applicant Child		
	Parent/Guardian		
	Parent/Guardian		
1.	Sibling		
2.	Sibling		
3.	Sibling		
4.	Sibling		
5.	Sibling		
6.	Sibling		

★ **Total number of Family Members**
