



COMMUNITY PREPARATORY ACADEMY

Mailing Address: 3651 S. La Brea Ave., #504 Los Angeles, CA 90016

TEL: 323 751-1460 FAX: 323 704-3045

Email: info@cpacharter.org

Website: www.cpacharter.org

Office Use Only

Date Received: ____/____/____

Preference: No ____ Yes ____

Type: _____

Campus Applying to:

LA - (K-8) _____

Carson - (K-8) _____

Grade Student will be attending in the Fall 2018

Kindergarten

3rd Grade

6th Grade

1st Grade

4th Grade

7th Grade

2nd Grade

5th Grade

8th Grade

Student Information

Student's Last Name:

Student's First Name & Middle Initial:

Date of Birth: (Month/Day/Year)

Gender: MALE FEMALE

Father /Guardian Name:

Mother/Guardian Name:

Street Address:

City and State:

Zip Code

Cell Phone number:

Alternate phone number:

Father/Guardian Email address:

Mother/Guardian Email address:

Do you reside within LAUSD boundaries? Yes No

If Yes, what is your neighborhood school?

Sibling applying to Community Preparatory Academy?

No Yes Name and Grade:

Sibling currently attending CPA Charter?

No Yes Name and Grade:

2018-2019 INTENT TO ENROLL

Last name, First Name: _____

Grade in Fall 2018: _____

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PLEASE NOTE THAT APPLICATIONS WITH FALSIFIED INFORMATION WILL BE REJECTED.