



Queen's Grant Preparatory High School

10323 Idlewild Rd, Matthews NC 28105
(ph) 704-545-0736 (fax) 704-545-0738

INTENT TO ENROLL 2009/2010 School Year For Currently Enrolled Queen's Grant 8th, 9th, and 10th Grade Students

Student Information:

Student's Social Security Number: _____

Student's Name _____ Male ___ Female

Grade Entering for Fall (9th 10th 11th ONLY): _____ School district applicant resides in: _____

Student Email Address: _____

Date of Birth: _____ Place of Birth (City, State) _____

Last School Attended _____ Does Student have an IEP? _____

Parent/Legal Guardian Information:

Last Name _____ First Name _____ Middle Initial _____

Student lives with above person: _____ Full-Time _____ Part-Time _____ Does not reside with this parent/guardian

Relation to Student: _____ Parent _____ Step-Parent _____ Grandparent _____ Aunt/Uncle _____ Legal Guardian

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ County _____

Cell Phone _____ Pager _____ Email Address _____

Parent/Legal Guardian Information:

Last Name _____ First Name _____ Middle Initial _____

Student lives with above person: _____ Full-Time _____ Part-Time _____ Does not reside with this parent/guardian

Relation to Student: _____ Parent _____ Step-Parent _____ Grandparent _____ Aunt/Uncle _____ Legal Guardian

Address _____ City _____ State _____
Zip Code _____

Home Phone _____ Work Phone _____ County _____

Cell Phone _____ Pager _____ Email Address _____

By signing, I am verifying that the required information I have given is true to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____