



**Imagine Schools- Chancellor Campus**

3333 High Ridge Road  
Boynton Beach, FL 33426  
561-585-1189 \*Fax 561-585-1166  
Pre-Enrollment Form for 2012-2013

Parent Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Please provide the following information for each child whom you wish to enroll.

Child's Name: \_\_\_\_\_ Sex: M/F

Is this child a sibling of a current student at Imagine-Chancellor? \_\_\_\_\_

Grade level/age to start 2012/2013 school year: \_\_\_\_\_

Current School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M/F

Grade level/age to start 2012/2013 school year: \_\_\_\_\_

Current School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Transportation Needs: Bus (2-4 mile range) \_\_\_\_\_

Carpool Options \_\_\_\_\_

Are you interested in our before/after care program? \_\_\_\_\_

Upon acceptance,  
You will be receiving a confirmation letter and invited to come in to pick up your  
registration packet.