

Mailing Address (if different from child's address)	Apartment or Unit Number
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City	State	Zip Code
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With whom does the student live with? (Choose only ONE)
 Parent #1 Only Parent #2 Only Both Parents Legal Guardian 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, we cannot serve your child.**



HOUSEHOLD SECTION

! This section must be completed to process your application

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

Name	Relationship to Child	Birthday	Special Needs
Child's Name	Applicant Child		<input type="checkbox"/>
	Parent/Guardian		<input type="checkbox"/>
	Parent/Guardian		<input type="checkbox"/>
1.	Sibling		<input type="checkbox"/>
2.	Sibling		<input type="checkbox"/>
3.	Sibling		<input type="checkbox"/>
4.	Sibling		<input type="checkbox"/>
5.	Sibling		<input type="checkbox"/>
6.	Sibling		<input type="checkbox"/>

★ **Total number of Family Members**
