

Edgemont STEAM Program - 1st Grade Application

Student Name: _____
Last First Middle

Date of Birth: ____/____/____ Gender: M F
MM DD YYYY

*Current School & District _____
School District

Parent/Guardian Name: _____
Last First

Address: _____
Street/Number City State Zip

Phone Number: (____)____-____ Alt. Phone Number: (____)____-____

E-mail Address: _____

Please submit the application in person to the school by 4:00 p.m. on the third Friday in February. Notification of placement will be sent to you on or before the last day of March.

** If your student does not live in the boundaries or is not already attending Edgemont Elementary, you must fill out an Open Enrollment form and submit it to the Provo School District Office (280 West 940 North) to be considered for placement at the school.*

Parent Signature: _____

For Office Use Only

Date received:

Received by:

Out of area