



An Idaho public charter school creating patriotic & educated leaders

Located in the Historic New Sweden Building  
 1736 S. 35th W.  
 Idaho Falls, Idaho  
 Office Tel: (208) 529-6570  
 Fax: (208) 529-3344

## LOTTERY APPLICATION & LETTER OF INTENT ACADEMIC YEAR 2024-2025

Admission to American Heritage Charter School (AHCS) is by an equitable selection process, a lottery, as described in IDAPA 08.02.04.203. To be considered for enrollment, please complete and submit this form to AHCS by the **Lottery Enrollment Deadline of 4:00 pm on March 31st, 2024 for the 2024-2025 school year.** The Lottery will be held on April 6, 2024 at 9:00 am at AHCS. Only those applications for enrollment submitted on behalf of prospective students that are received prior to the Lottery Enrollment Deadline can participate in the Lottery. Admission is on a space available basis within each grade level. Students not selected for an open seat are placed on a waiting list in the order they are drawn in the Lottery. Wait List students may become eligible for admission at a later date if a vacancy occurs in their grade level. AHCS does not discriminate based on race, creed, color, gender, national origin, social or economic status, ancestry, or the special needs of students.

**PRINT CLEARLY & MAIL COMPLETED FORM TO: 1736 S. 35<sup>th</sup> W., Idaho Falls, ID 83402  
 OR FAX TO: (208) 529-3344 OR E-MAIL to: [clerk@ahcspatriots.us](mailto:clerk@ahcspatriots.us)**

**TO BE INCLUDED IN THE 2024-2025 LOTTERY, THIS APPLICATION MUST BE RECEIVED BY AHCS ON OR BEFORE MARCH 31st, 2024 by 4:00 PM**

Name(s) of Parent or Guardian \_\_\_\_\_ Relationship to Student(s) \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 (Your signature verifies that the address below is your legal domicile)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Contact E-Mail (REQUIRED) \_\_\_\_\_  
 Please make a clear distinction between hyphens and underscores.

Students applying for kindergarten must be 5 on or before September 1<sup>st</sup> the year they enroll. To assist with the transition, please indicate if your child has been enrolled in a Special Education pre-K program:  Yes  No

List name(s) of child/children below. **(List additional children and all applicable information on a separate form.)**

<b>1</b>	First Name	M.I.	Last Name
	Home School District	Last School Attended	
	Grade Next Year (Fall of <b>2024</b> ):	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>2</b>	First Name	M.I.	Last Name
	Home School District	Last School Attended	
	Grade Next Year (Fall of <b>2024</b> ):	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>3</b>	First Name	M.I.	Last Name
	Home School District	Last School Attended	
	Grade Next Year (Fall of <b>2024</b> ):	Date of Birth (mm/dd/yyyy)	Age <input type="checkbox"/> Male <input type="checkbox"/> Female

**Do you have children already attending AHCS? If so, please list name and grade(s):**

Have any of the children listed ever been expelled from a public or private school?  Yes  No (If Yes, explain.)