



Passages Charter School
1643 W. Bryn Mawr Avenue, Chicago, IL 60660, 773.433.3530

Student Enrollment Application

PARENT INFORMATION

Mother's Name: _____
Mother's Maiden Name: _____ Mother's Birthplace: _____
Mother's Address (if different from student's) _____
Mother's phone number (if different from student's) _____
Father's Name: _____ Father's Birthplace: _____
Father's Address (if different from student's): _____
Father's phone number (if different from student's) _____
Legal Guardian's Name: _____
Relation of Guardian: _____
Guardian's Home Address (if different from student's): _____
Guardian's phone number (if different from student's) _____

SIBLING INFORMATION

Siblings who are current students: _____
(names and grade) _____
Siblings applying for 2008-2009): _____
(names and grade) _____

Parent/Guardian Name: _____ Relationship: _____
Parent/Guardian Signature: _____ 9 _____ Date: _____

**APPLICATIONS MAY BE MAILED TO 1643 W Bryn Mawr, Chicago, IL 60660 or
DROPPED OFF IN PERSON. Any questions can be directed to Kairis Payton at 773-549-
1052.**

THANK YOU FOR APPLYING TO PASSAGES SCHOOL!

To be filled out by School Personnel:

Date Application Received: _____ Initials: _____