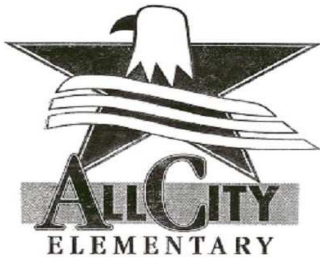


New Student _____
Sibling of current ACE student _____
Open Enrollment (i.e. Harrisburg, Tri-Valley, etc.) _____



All-City Elementary
At Jane Addams
2511 W. Brookings Avenue
Sioux Falls, SD 57104
(605) 367-6120

Indication of Interest Form

Student's name _____
Date of Birth _____
Current grade level and school _____
Elementary school your child will attend, if not ACE _____
Calendar school year you would like your child to attend ACE (i.e.2010-2011) _____
Mother's name _____
Mother's address _____ City/Zip _____
Mother's Phone (Home) _____ (Work) _____ (Cell) _____
Father's name _____
Father's address _____ City/Zip _____
Father's Phone (Home) _____ (Work) _____ (Cell) _____
E-mail address _____
Siblings' names and ages* _____

*Please note **each** sibling needs their **own** completed Indication of Interest form for enrollment consideration.

Additional information _____

Parent Signature(s) _____

ACE Office Use Only:

Date Indication of Interest Form provided by ACE _____ initials: _____

Date completed Indication of Interest Form received by ACE _____ initials: _____

Confirmation letter or e-mail sent _____
