



For Office Use Only Date received _____ Drawing required: Y / N Registration packet sent: _____

**Student Pre - Enrollment form
FAME Site-based Programs
2010-2011 School Year
Please use dark ink**

Indicate program preference: _____ FAME Fremont _____ FAME San Leandro

Please Print

Student Legal Name: _____ Grade Level for 2010-2011: _____ <i>(From Birth Certificate/Passport)</i> First Middle Last Suffix
Birth Date: _____ Parent name: _____ <i>Month/Day/Year</i>
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____
Parent signature: _____ Date: _____

Please drop-off or mail your completed pre-enrollment form to our FAME Fremont Office:

**FAME Public Charter School
3300 Kearney Street, Fremont, CA 94538
Phone: 510-687-1500 Fax: 510-687-1515**

Please note: Submission of this Pre-Enrollment form does not guarantee enrollment.

NOTICE OF NONDISCRIMNATORY POLICY AS TO STUDENTS

FAME Public Charter School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletics or other school- administered programs.