



**Letter of Intent to Enroll**  
The Cannon Beach Academy  
PO Box 1171  
Cannon Beach, OR 97110

*Completion of this form allows priority enrollment. In the event that priority enrollment exceeds capacity, a lottery pool(s) will be conducted. The priority of pools is as follows: (1st) Students who live within the boundaries of Seaside School District, (2nd) Students who live outside the Seaside School District. The lottery will be held during a public meeting.*

CLEARLY PRINT PARENT OR GUARDIAN NAME(S) \_\_\_\_\_

RELATION TO STUDENT(S) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Your signature indicates that the address below is your legal domicile as verified by request of residency)

\_\_\_\_\_  
Street Address/Mailing Address City

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Students applying for Kindergarten must be 5 on or before September 1st the year they enroll and will be verified by a birth certificate prior to enrollment.

List name(s) of students below. (List additional children on separate form)

1. \_\_\_\_\_ First  
Name Middle Name Last Name

Grade \_\_\_\_ Fall of 20 \_\_\_\_ Male or Female (circle one) Date of Birth \_\_\_\_\_ Last

School Attended \_\_\_\_\_

2. \_\_\_\_\_ First  
Name Middle Name Last Name

Grade \_\_\_\_ Fall of 20 \_\_\_\_ Male or Female (circle one) Date of Birth \_\_\_\_\_ Last

School Attended \_\_\_\_\_

The Cannon Beach Academy is a public school which does not discriminate against any student, teacher, or employee on the basis of race, color, national and ethnic origin, religion, gender, social or economic status or special needs

If you have questions please call the school at (503) 436-4463  
or email us at [kiffem@thecannonbeachacademy.org](mailto:kiffem@thecannonbeachacademy.org)