



SAN TAN CHARTER SCHOOL
19-20 STUDENT APPLICATION

Power Campus Grade Entering ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Returning Student ☐ New Student
☐ Mainstream ☐ Gifted*

San Tan Charter School does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.

Student Last Name _____ First Name _____ Name Used _____

Street Address _____ City _____ Zip _____

Home Phone (____) _____ ☐ Male ☐ Female Birthdate ____/____/____

☐ Caucasian ☐ African American ☐ Asian ☐ Am. Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Hispanic

Place of Birth City _____ State _____

Mother's Name _____ Cell Phone _____

Mother's Email Address _____

Mother's Work Place _____ Work Phone _____

Father's Name _____ Cell Phone _____

Father's Email Address _____

Father's Work Place _____ Work Phone _____

Student lives with (check all that apply) ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Are you living in temporary housing? Yes No If so, is this due to hardship? Yes No

Does your child currently have a 504 or IEP plan? Yes - Attach most recent reports 504, SPED, etc. No

Previous School _____ State _____

I, the parent of _____, agree to **(please read and check each):**

- ☐ Provide a lunch daily for my child.
- ☐ Provide transportation to and from school every day.
- ☐ Provide prompt and timely drop-off and pick-up of my child daily.
- ☐ Provide student pick-up within 30 minutes of illness or severe behavior notification.
- ☐ Permission for my student to be contacted on their personal cell phone. Provide # _____
- ☐ Give my permission to have photographs of my child published in articles and media viewed by the general public.
- ☐ I understand and agree to pay the \$250 technology fee.

Mother's Signature Father's Signature Date

Applications for STCS's Gifted School must include a copy of the child's most recent gifted testing scores.

For Office Use Only: ☐ FRONT OFFICE ☐ ACCOUNTING ☐ REGISTRAR Sibling(s) Grades _____
Date App. Received _____ Start Date _____ Year Entering **2019-2020**
Date Paid _____ Amount \$ _____ ☐ Cash ☐ Check # _____ ☐ Credit Card