



SAN TAN CHARTER SCHOOL 19-20 STUDENT APPLICATION

Enter Campus Grade Entering: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 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-administrated 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 (most other) (any): ☐ Both Parents ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other _____

Are you living in temporary housing? ☐ Yes ☐ No If yes, is this due to building? ☐ Yes ☐ No

Does your child currently have a DSM or IEP plan? ☐ Yes - Attach most recent reports DSM, IEP, 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 dismissal or correct behavior notification.
- ☐ Release me for my student to be contacted on their personal cell phone. Provide it _____
- ☐ Allow my permission to have photographs of my child published in articles and media owned by the general public.
- ☐ 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 ☐ REGISTRATION ☐ 180-day/60 Grades _____

Date App. Received _____ Start Date _____ Year Entering: **2019-2020**

Date Paid _____ Amount \$ _____ ☐ Cash ☐ Check # _____ ☐ Credit Card