



**SAN TAN CHARTER SCHOOL**  
**19-20 STUDENT APPLICATION**

Grade Entering ☐ 7 ☐ 8  
☐ Mainstream ☐ Gifted\*

☐ Returning Student ☐ New Student  
☐ Power Campus ☐ Recker Campus

*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.

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