



# SAN TAN CHARTER SCHOOL

## 2022-2023 STUDENT APPLICATION

*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.*

Infinite Campus Application # \_\_\_\_\_

**Recker Campus** Grade Entering (K – 6<sup>th</sup>): \_\_\_\_\_ Grade

☐ Mainstream ☐ Gifted ☐ Montessori

**Kindergarten** ☐ Half Day ☐ Full Day (\$300 per month tuition)

**Power Campus** Grade Entering (7<sup>th</sup> – 12<sup>th</sup>): \_\_\_\_\_ Grade

☐ Mainstream ☐ Scholars Prep

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name Used \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Primary Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Primary Address (if Different) \_\_\_\_\_

Student primarily lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other \_\_\_\_\_

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

Are any parents/guardians current members of the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

The following individual(s) may NOT remove my child from the facility.

☐ None \_\_\_\_\_

*Custody/Legal papers must be provided and on file at the school.*

Does your child currently have or are they in the process of receiving a 504 plan? \_\_\_\_\_ No \_\_\_\_\_ Yes\* Provide most recent reports

Does your child currently have or are they in the process of receiving an IEP plan? \_\_\_\_\_ No \_\_\_\_\_ Yes\* Provide most recent reports

Has this child ever attended school in Arizona? \_\_\_\_\_ Yes \_\_\_\_\_ No

Previous School \_\_\_\_\_ State \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, agree to (please read and check all that apply):

### General:

- ☐ 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. In the event that I cannot pick up my student at dismissal, I understand my student may be signed into the aftercare program and I agree to pay the incurred fee. See Before and After Care Program for Details.
- ☐ 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 # \_\_\_\_\_
- ☐ If enrolling a Gifted student, I will provide a copy of my child's most recent gifted testing scores.
- ☐ If enrolling a student with a 504 or IEP, I will provide all recent reports.
- ☐ If enrolling a Full Day Kindergarten student, I understand there is a \$300 per month tuition for the second half of the school day.

### Photo Release:

- ☐ I give my permission to have photographs of my child in
- ☐ Internal: May include the school yearbook, private Facebook pages, teacher newsletters.
- ☐ External: Print/online social media viewable by the general public.

**Payments (not contingent for enrollment):** In Person: Cash, Check, Visa/Mastercard Online: [Make Online Payment](#)

- ☐ If K – 8<sup>th</sup> grade, I will make a \$50 Credit for Kids Donation
  - ☐ If K – 6<sup>th</sup> grade, I agree to pay the \$30 RASK Fee (Recker Academic Success Kit).
  - ☐ If 6<sup>th</sup> – 12<sup>th</sup> grade, I agree to pay the following technology fee \$250 fee for a leased school laptop or \$50 fee to use a personal laptop. (See laptop agreement)
  - ☐ I would like to make my AZ School Tax Credit Donation. \$ \_\_\_\_\_ One-Time Donation \$ \_\_\_\_\_ Monthly Subscription (\$10 - \$40 options)
- Apply my donation to the needs at this campus \_\_\_\_\_ Recker \_\_\_\_\_ Power \_\_\_\_\_ Both \_\_\_\_\_  
I'd like my donation considered for \_\_\_\_\_ Electives/Specials \_\_\_\_\_ Montessori \_\_\_\_\_ Gifted \_\_\_\_\_ Mainstream \_\_\_\_\_ Athletics \_\_\_\_\_ Nurse Supplies

Mother/Guardian Signature \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:** ☐ FRONT OFFICE ☐ ACCOUNTING ☐ REGISTRAR

Date App. Received \_\_\_\_\_

Sibling(s) Grades \_\_\_\_\_ Start Date \_\_\_\_\_ Year Entering **2022-2023**

Date Paid \_\_\_\_\_ Amount \$ \_\_\_\_\_ For: \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card ☐ Online