



## 2019-2020 Student Pre-Application Form

This form is valid for the 2019-2020 school year. Submit this completed form by email: office@sherwoodcharterschool.org, mail: PO Box 1342, Sherwood OR 97140, fax: (503) 925-8172 or hand deliver to: 23264 SW Main Street, Sherwood, OR 97140. For more information contact the school office at 503-925-8007.

Today's Date: \_\_\_\_\_ Primary Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First Middle Preferred

Student's Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City State Zip

Date of Birth: \_\_\_\_\_ Grade in 2019-2020 School Year: \_\_\_\_\_

Student's current school: \_\_\_\_\_

What school district do you live in based on your address? \_\_\_\_\_

What county do you live in based on your address? \_\_\_\_\_

Student is living with (please circle) Mother Father Both Other: \_\_\_\_\_  
Designate

Is this student a sibling of a currently enrolled SCS student? Please indicate:  
 NO  YES: \_\_\_\_\_  
Sibling Name Grade in 2018-2019 school year

**Mother/Guardian's Name:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City State Zip

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City State Zip

Email: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Sherwood Charter School does not limit student enrollment based on race, religion, sex, sexual orientation, ethnicity, national origin, disability, the terms of an individualized education program, income level, proficiency in the English language, or athletic ability.**

Office use only: Date Rcvd: _____ Time: _____ SS <input type="checkbox"/> Grade <input type="checkbox"/> Email: Ltr <input type="checkbox"/> Proc <input type="checkbox"/> District: IN / OUT
Sib Enrolled <input type="checkbox"/> Grade: _____ Sib Enrolled <input type="checkbox"/> Grade: _____ Sib Enrolled <input type="checkbox"/> Grade: _____
Sib Applying <input type="checkbox"/> Grade: _____ Sib Applying <input type="checkbox"/> Grade: _____ Sib Applying <input type="checkbox"/> Grade: _____
Waitlist Contact- Date: _____ Time: _____ Phone: Prsn Msg Email: Accept Decline