



2016-2017 Student Pre-Application Form

Please note: This form is valid for the 2016-2017 school year; you must submit a new application for the 2017-2018 year. For more information, call or email us: (503) 925-8007/office@sherwoodcharterschool.org. Mail this completed form to: PO Box 1342, Sherwood OR 97140. Hand deliver it to: 23264 SW Main Street, Sherwood, OR 97140. Or fax it to: (503) 925-8172.

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 2016-2017 School Year: _____

Is this student a sibling of a currently enrolled SCS student? Please indicate: NO YES

If yes, please provide name and current grade of enrolled student: _____

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

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"/> Dstrct: 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