



SHERWOOD CHARTER SCHOOL

2021-2022 Student Pre-Application Form

This form is valid for the 2021-2022 school year. Submit completed form by email: office@sherwoodcharterschool.org, mail: PO Box 1342, Sherwood OR 97140, fax: (503) 662-6596 or drop off at: 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 2021-2022 School Year: _____
**Kindergarten applicants are required to submit proof of birth (birth certificate or passport)*

Student's current school: _____

What school district do you live in based on your physical address? * _____
**Applicants located in the Sherwood School District are required to provide proof of address.*

What county do you live in based on your address? _____

Student is living with: Mother Father Both Other: _____
Designate

Is this student a sibling of a currently enrolled SCS student? Please indicate:
 NO YES: _____
Sibling Name Grade in 2020-2021 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: _____	Proof of Birth <input type="checkbox"/>	Tour: N / Y _____	
Sib Applying <input type="checkbox"/>	Grade: _____	Sib Applying <input type="checkbox"/>	Grade: _____	Proof of Address <input type="checkbox"/>		
Waitlist Contact- Date: _____ Time: _____		Phone: Prsn Msg		Email:	Accept	Decline