



# SHERWOOD CHARTER SCHOOL

## Pre-Application Instructions

Please complete the attached 2024-2025 Pre-Application to apply to Sherwood Charter School. Completed applications may be submitted by email: [office@sherwoodcharterschool.org](mailto:office@sherwoodcharterschool.org), mail: PO Box 1342, Sherwood OR 97140, fax: (503) 662-6596, or dropped off at: 23264 SW Main Street, Sherwood, OR 97140. For more information contact the school office at 503-925-8007.

Pre-application deadlines for each lottery are as follows:

- **Winter Lottery, February 21, 2024 (Kindergarten only):** Pre-Applications are due by February 2, 2024 by Noon.
- **Spring Lottery, April 17, 2024 (Kindergarten – 8<sup>th</sup> Grade):** Pre-Applications are due by April 5, 2024 by Noon.
- **Summer Lottery, June 19, 2024 (Kindergarten – 8<sup>th</sup> Grade):** If deemed necessary. Pre-Applications are due by June 7, 2024 by Noon.

### Are you applying for kindergarten?

Include proof of birth (non-certified copy of a birth certificate or passport) with your pre-application.

### Do you live within the Sherwood School District boundary?

Include proof of address by supplying 2 of the items listed below with your pre-application to receive in-district priority in the lottery:

- Mortgage Statement
- Property Tax Statement
- Rental Lease Agreement
- Utility Bill (electricity, gas, water/sewer)
- Oregon Driver's License
- Oregon Identification Card

Pre-applications received after the deadline will be included in the next lottery, or if it is the last lottery, they will be added to the wait list in the order received. You will receive a confirmation email once your application has been processed. If you do not receive a confirmation within one week, please email the office at [office@sherwoodcharterschool.org](mailto:office@sherwoodcharterschool.org) or give us a call at 503-925-8007 to be sure your application was received.



# SHERWOOD CHARTER SCHOOL

## 2024-2025 Student Pre-Application Form

This form is valid for the 2024-2025 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 2024-2025 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 2023-2024 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.

<b>Office use only:</b> 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