SOAR Charter Academy

Pre-Enrollment Application for 2010 – 2011 School Year

Please use a separate application for each student.
Applications received after 4:30 pm on Friday April 16, 2010 will not be included in the April 28, 2010 lottery.
Late applications will automatically be placed at the end of the waiting list.

Applying for grade_____

Name of Student_____
First Middle Last

Student's Home Address_____
Street Address City/State/Zip Code

Student's Home Phone Number (___)_____ Email Address_____

Gender ___Boy ____Girl Date of Birth ___/___/_____ Age of Student _____

Do you live in the boundaries of SBCUSD? Yes/ No (circle)

What public school is your child currently attending? _____

Names of siblings also applying/enrolled to the school (for preference in lottery drawing)

_____

	Mother	Father	Legal Guardian
Name			
Street Address			
City, State, Zip Code			
Home Phone			
Work Phone			
Cell Phone			
Email			

Student lives with ___ Mother ___ Father ___Both ___ Guardian

All information on this application will be treated as confidential,

_____ _____
Parent/Guardian Signature **Date**

Please mail to:
SOAR Charter Academy
985 Kendall Dr. Suite A-353
San Bernardino, CA 92407
kkraus@soarcharteracademy.org