



# ALSEA CHARTER SCHOOL ENROLLMENT APPLICATION FORM

PLEASE RETURN APPLICATION TO:

Alsea School District 7J  
301 South 3<sup>rd</sup> Street  
Alsea, OR 97324  
541.487.4305  
www.alsea.k12.or.us

**Do you live within the boundaries of Alsea School District 7J?** **Yes**   **No**

[If yes, you do not need to fill out the application. Please complete a registration form]

**1. NAME(S) OF STUDENT(S) TO BE ENROLLED**

Student's LEGAL name [last, first, middle]: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level 2017-2018 school year: \_\_\_\_\_

Student's LEGAL name [last, first, middle]: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level 2017-2018 school year: \_\_\_\_\_

Student's LEGAL name [last, first, middle]: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level 2017-2018 school year: \_\_\_\_\_

**2. SIBLING INFORMATION**

Does the student have sibling(s) currently enrolled within Alsea School District **Yes**   **No**

Names: \_\_\_\_\_

**3. PARENT/ GUARDIAN**

Parent/ Guardian 1: \_\_\_\_\_ Parent/ Guardian 2: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**4. DISTRICT INFORMATION**

Resident School District: \_\_\_\_\_ Resident County: \_\_\_\_\_

School(s) currently attending: \_\_\_\_\_

I CERTIFY THAT THE ALL INFORMATION PROVIDED IN THIS DOCUMENT IS TRUEFUL. I HAVE LEGAL AUTHORITY TO APPLY FOR ENROLLMENT OF THIS STUDENT AT THE ALSEA CHARTER SCHOOL.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_

**Interested in a School Tour:**      **Yes**    **No**

**PRIORITY APPLICANT:**      **Yes**    **No**