



ALSEA CHARTER SCHOOL ENROLLMENT APPLICATION FORM

PLEASE RETURN APPLICATION TO:

Alsea School District 7J
301 South 3rd 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**