

SLVUSD CHARTER SCHOOL

Charter 25 SLV Homeschool (K-12) _____
Boulder Creek Homeschool (K-5) _____
Fall Creek Homeschool (K-5) _____
Mountain Independent Studies (K-6) _____

Coast Redwood Middle School (6-8) _____
Coast Redwood High School (9-12) _____
Nature Academy (6-8) _____

Student Name: _____ Grade: _____ DOB: _____

Parent(s)/Guardian(s) Names: _____

Address: _____ Home Phone: _____

Cell Phone: _____

Email Address: _____

School District of Residence: _____

Educational Background

Last School Attended

Name of School

_____ Public School

_____ Non-Public School

_____ Not previously enrolled in school

Does student have an active IEP?	YES	NO
Enrollment will not be denied based on RSP status.		

Who will be primarily involved with the instruction? _____
(Parent, Guardian, Other)

Please list, in order of priority, your needs from this program.

- 1.
- 2.
- 3.

I acknowledge that enrollment with the SLVUSD Charter School is voluntary.

Parent/Guardian Signature

Date

**RETURN THIS APPLICATION TO: Registrar, Charter Office, 325 Marion Ave., Ben Lomond, CA 95005 or FAX to (831) 336-0131
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (831) 336-5167**