

Student APPLICATION Form 2024-2025

Northern United - SISKIYOU Charter School

Complete and return this application to show interest in enrolling

New Student	_	sly Enrolled Student	_	ling of Continu	•		ı
Currently Expelled or Sus			Currently i	RUANT (SARI	B)? TES	NO	
Student Information	•	<u>, </u>		la Nama	NI I		- AVA
Student's Last Name		First Name	Middle Name		Nickname or AKA		Dr AKA
Date of Birth		City and State of Birth	l		Gender		Grade (2024-25)
54.0 0. 5							(2.2.1.2.)
School District of Residence		COUNTY of Reside	nce	Student C	Cell phone	HOME P	hone with Area code
					()		
Student's Mailing Address		City	Zip	Email Address			
Or I de BUNGO AL ALL		City. Places Circle if at				ivala if aturdant	1
Student's PHYSICAL Address		City	Zip	Zip Please Circle if student is: foster youth homeless			
Parent / Guardian Information			1	icolo: yearin ilemolece			
Name (Last, Firs							
Relationship to Studer							
MAILING Addres							
PHYSICAL Addres							
City, State, Zi							
Home and Work Phon	·						
Parent Email Addres							
T dront Email / tadroo	·.						
availability. In the event learning center, or at the with the exception of exthe case of a public rand subject to the lottery procesults. Applications will At the conclusion of the within two weeks of notion the next student on the capacity will be given the put their name on a wait case of an opening during	e main charter cisting students om drawing with ocess. In the extended by the accepter public random ification to be appriority list. All experiences option to enroll its according	office on March 11th at as, who are guaranteed as II be given to siblings of event that a program is fulled after the close of the variation of variation of the variation of the variation of the variation of variation of the variation of the variation of the variation of variation of the variation of var	4:00 pm to dmission in enrolled stu II, they movindow, but d of an imm failure to cogranted adrivated a nery. This wai	determine ac the following dents. Please we to the top of t students will nediate openir ontact the schemission to the earby learning t list will allow	dmission for g school yea note, home of the waiting be subject to g for their cool will resurble resurble center if sp v students the	the impact r. Admissio less and fos g list regar- to the waiti child must o lt in the spo- nter of thei pace is avail ne option of	ed grade level, in preferences in ster youth are not dless of the lottery ng list if needed. ontact the school of being given to r choice due to able, or they can f enrollment in the
Learning Center the student attended		s or is interested in atte	ending:			_Mt Shasta _Yreka	
Enrollment Window: Lottery Date:		n through March 8th, 20 arch 11, 2024)24				

For more information please call the registrars office at 707-629-3634.

Lottery Locations: Mt Shasta Learning Center - 427 Alder Street

Yreka Learning Center - 423 S. Broadway