

Yuba City Charter School

School of Excellence

613-A Bogue Rd., Yuba City, CA 95991

(530) 822-9667 Ext. 202

Fax (530) 822-9629

Enrollment Application Form 2009-2010

Last Name: _____ First Name: _____

Age: _____ Birth date: _____ Gender: M F (Please circle one)

Previous School Attended: _____ Current Grade: _____

Parent or Guardian Information: *Address correspondence to:*

Last Name: _____ First Name: _____

Relationship: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Secondary Contact:

Relationship: _____ Name: _____

Phone Number: _____

Does your child have an IEP? Yes _____ No _____ Speech (Only) _____

Submission of this application does not guarantee placement of your child.

Parent/Guardian Signature _____

Date _____

Please attach the following documents:

o Birth Certificate o Updated Shot Record o Current Report Card o H. S. Transcript

(W/Attendance Record)

Revised on September 3, 2009