

Naytahwaush Community Charter School Application

Number of Children Applying for: _____ School Year for Admission: _____

Full Name of Parent/Guardian (1): _____

Full Name of Parent/Guardian (2): _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Kindergarten students must be 5 years of age on or before September 1.

Child #1 Name: _____ Grade: _____

Child #2 Name: _____ Grade: _____

Child #3 Name: _____ Grade: _____

Child #4 Name: _____ Grade: _____

Child #5 Name: _____ Grade: _____

Child #6 Name: _____ Grade: _____

Naytahwaush Community Charter School is an Equal Opportunity Employer and education provider. It is our policy to comply with all applicable Equal Employment Opportunity laws and regulations. Therefore, recruiting, hiring, training, promotion, discipline, compensation, benefits and all other employment or enrollment decisions will be made without regard to race, creed, color, religion, sex, age, national origin, disability, actual or perceived sexual orientation, status with respect to public assistance, or other protected class status.

By signing this application I verify that I am the parent/guardian and that the information provided on this form is accurate.

Signature: _____