Summit Charter School

PO Box 1339 370 Mitten Lane. Cashiers, NC 28717 (828)743-5755 (828)743-9157(Fax)

Application for Admission

Dear Prospective Parents of Summit Charter School,
In order for your child to be a candidate for enrollment, please make sure you have completed the application process:

- ❑ *Complete and submit application, along with **birth certificate and immunization records***
- ❑ *Tour the school and review Family Partnership Agreement*
- ❑ *Meet with director to sign Family Partnership Agreement*
- ❑ *Provide proof of North Carolina residency by June 2nd*

Applicant's name:_____ Grade applying for:_____

Date of Birth:_____ Age:_____

Parent/Guardian Name(s):_____

Physical Address:_____

City:_____ State:_____ Zip Code:_____

Mailing Address:_____City:_____

State:_____ Zip Code:_____ Email Address:_____

Home Phone:_____ Alternate Phone/***Cell***:_____

Resident of : ___Jackson County___ Macon County ___ Transylvania County ___Other

Present School Name: _____City:_____State:_____

Present Grade:_____Your child's present school is: _____public_____private

How long has your child attended his/her current school?_____

Does the student have an IEP? Circle: Yes No 504 Plan? Yes No

Siblings(s) Applying to SCS_____Grade_____

_____Grade_____

Names of Summit families you currently know:

_____

_____

Parents: We require active parent involvement through the Family Partnership Agreement. How do you plan to volunteer? Please list your areas of expertise. Example: Tutor, homeroom parent, committees, mentoring, etc.

Must be signed for acceptance

I/we have read the material about Summit Charter School and support its mission.

_____

Parent/Guardian Signature(s) Date

Summit Charter School admits students without regard to race, religion, disability or national origin.

Received by:_____ Date:_____ Appointment: _____

(Revised application 9/10)