



Cascade Heights Public Charter School

13515A SE Rusk Rd.

Milwaukie, OR 97222

Ph: 503-653-1850 fax: 503-653-1026

www.casadeheights.org

Student Application Form

Date: _____ Home Phone: _____

Student's Legal Name: _____
Last First Middle Preferred

Student's Address: _____
Street (no P.O. Box) Apt. #
_____ City State Zip

Date of Birth: _____ Birthplace: _____ Male Female
City / State / Country

Siblings enrolled: Yes / No

Student's Current School: _____ Student's Current Grade: _____

Academic Year applying for 20____ - 20____ and Grade: _____

Please describe any special educational needs your child has (according to a physician's diagnosis or previous additional educational support from the school district that your child has received, such as an I.E.P.)

Ethnic background (circle) White Black Hispanic Asian/Pacific Alaska Native American Multicultural/multiethnic

Languages used in the home (circle) English Spanish Chinese Russian Others: _____

Do you qualify for free/reduced lunch? Yes / No

Are you interested in Full / Half day kindergarten? Yes / No re you in need of Mid-day care? Yes / No

Student is living with (circle) Mother Father Both Other: _____

1. Mother/Guardian's Name: _____

Address (if different from student): _____
Street Apt. #

City State Zip

Telephone Day: _____ Evening: _____

Email address: _____

2. Father/Guardian's Name: _____

Address (if different from student): _____
Street Apt. #

City State Zip

Telephone Day: _____ Evening: _____

Email address: _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Cascade Heights Public Charter School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Cascade Heights Public Charter School. It does not discriminate on the basis of race, color, national ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Office Use Only

Date application was received: _____ Verify age for grade entry: _____

Verify district of residence: _____ Has parent attended informational meeting YES / NO date: _____

Date drawn in lottery: _____ Time of call made to parents: _____

Spoke to: _____ Left Message: _____

Accept position of enrollment YES / NO & date _____ Starting Date: _____