

Optimum Learning Environments Charter School Salem-Keizer Public Schools

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Sibling in charter: _____

Application

Student's Name

Male

Female

Home Address

City

ZIP

Mailing Address (if different)

City

ZIP

()

Home Telephone

Current School

Current Grade

Birthdate

Parent/Guardian's Name(s)

Address (if different than above)

City

ZIP

()

()

Home Phone (if different than above)

Work Phone

Parent/Guardian Signature

Date

For Office Use

Date Received:

