



# Tracy Independent Study Charter School

1975 W. Lowell Avenue

Tracy, CA 95376

(209)830-3280

<https://www.tracy.k12.ca.us>

[tracycharterinfo@tusd.net](mailto:tracycharterinfo@tusd.net)

## APPLICATION FORM FOR 2020 – 2021 SCHOOL YEAR

### STUDENT Information:

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Address City Zip Code

Mailing Address: \_\_\_\_\_  
*If different than above* Street Address City Zip Code

Student Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

### PARENT/GUARDIAN Information:

Parent/Guardian #1 Name Address if different from student

Parent/Guardian #1 Name Cell Phone Home Phone Work Phone

Parent/Guardian #1 Email Address

Parent/Guardian #2 Name Address if different from student

Parent/Guardian #2 Name Cell Phone Home Phone Work Phone

Parent/Guardian #2 Email Address

I, \_\_\_\_\_ (print your name) verify that the above information is true, accurate and complete. I understand that there are a limited number of seats for TISCS, and that a public lottery will be held in the event that the number of applicants exceeds the number of available seats.

Parent/Guardian Signature Date