



Tracy Independent Study Charter School

1975 W. Lowell Avenue

Tracy, CA 95376

(209)830-3280

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

tracycharterinfo@tusd.net

APPLICATION FORM FOR 2021/2022 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