Swallows Charter Academy K-12

SCA K-12
101 Civic Center Drive
Pueblo West, CO 81007

719-547-1627

APPLICATION

It is the responsibility of the parent/legal guardian to update and notify Swallows Charter Academy if/when any personal contact information changes.

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION

Today's Date _____

_____

Last Name, First Name & Middle Name (*Print exactly as on birth certificate*) Grade Applying For

_____

Current Street Address City State Zip Home Phone No.

Date of Birth (MM/DD/YY)_____ Gender: _____M _____ F

PARENT/ LEGAL GUARDIAN INFORMATION

_____ _____

Parent/Legal Guardian 1 (Full Name) Parent/Legal Guardian 2 (Full Name)

_____ _____

Relationship to Student Relationship to Student

_____ _____

Address if Different from Student Address if Different from Student

_____ _____

Cell Phone Home Phone CellPhone Home Phone

_____ _____

Email Email

FOR OFFICE USE ONLY

____ Date /Time Received _____ Notes:

____ Sibling (s)_____

____ In-District