

Southwest Georgia STEM Charter School

185 Pecan Street, Shellman, GA 39886 | P.O. Box 300 Fax: 229.679.2018 | Phone: 229.345.3033

> Ginger Almon, School Leader galmon@sowegastemcharter.org

2024-2025 Student Application

Student Information			
Name			Date of Birth
Last	First	Middle	
Address			
House Number and Street City Sta	te Zip code		
Current Grade	_ (mark N/A if not in s	chool) Grade Applyi	ng For
Parent/Guardian Information			
Parent/Guardian 1			
Name		Ph	one
E-mail		Re	lation to Child
Parent/Guardian 2			
Name		Pho	one
E-mail		Rel	ation to Child

Additional Information

Does the applicant have siblings currently enrolled at Southwest Georgia STEM Charter? If yes, please list all siblings and the grades they will be enrolled in for the 2024-2025 school year.

Southwest Georgia STEM Charter School complies with all federal, state, and local laws, and provides an equal opportunity for all students and employees. The school prohibits discrimination based on race, creed, color, national origin, religion, ancestry, age, marital status, sexual orientation (known or perceived), gender identity expression (known or perceived), sex, disability, genetic information, nationality and/ or citizenship. in admission, grading, discipline, hiring, employment decisions or any other activity.



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Does the applicant have a sibling applying to Southwest Georgia STEM Charter on a separate application? If yes, please list all siblings that will have an application on file along with the grade for the 2024-2025 school year.

Is the applicant the child of a member of the Southwest Georgia STEM Charter School Board of Directors or the child of a faculty/ staff member of the school? If yes, name of Board Member or faculty/staff member

I affirm that the information contained in this application is, to my knowledge, completely true. By signing below, I acknowledge that I have the legal right to enroll this child in school. I understand that this application does not guarantee admission into Southwest Georgia STEM Charter School. I understand lottery, enrollment, and wait-list procedures.

Parent/Guardian Signature	Date	Date	
Please return	completed application to:		
Admissions P.O. B Email: galmor	a STEM Charter School Student Box 300 Shellman, GA 39886 Or n@sowegastemcharter.org tions: 229.345.3033		
School Use Only:			
Date Application Received:	Lottery Number Assigned		
Signature of Application Recipient:			
Contact Log			
Attempt Date/Information:		_	
Attempt Date/Information:		_	
Attempt Date/Information:			

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