

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

2023-2024 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 scho	ool) Grade Applying	For
Parent/Guardian Information			
Parent/Guardian 1			
Name		Phor	ne
E-mail		Relat	ion to Child
Parent/Guardian 2			
Name		Phon	e
E-mail		Relati	on 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 2023-2024 school year.

Southwest Georgia STEM Charter School does not discriminate on the basis of race, color, religion, national origin, age, disability, or gender in its employment practices, student programs, and dealings with the public.



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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 2023-2024 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			
Please return completed application to:				
Admissions P.O. Box 3 Email: galmon@s	EM Charter School Student 00 Shellman, GA 39886 Or owegastemcharter.org : 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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