



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

2026-2027 Student Application

Student Information

Name _____ Date of Birth _____
Last First Middle

Address _____
House Number and Street City State Zip code

Current Grade _____ (mark N/A if not in school) Grade Applying For _____

Parent/Guardian Information

Parent/Guardian 1

Name _____ Phone _____

E-mail _____ Relation to Child _____

Parent/Guardian 2

Name _____ Phone _____

E-mail _____ Relation to Child _____

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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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 2026-2027 school year.

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 2026-2027 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 _____

Southwest Georgia STEM Charter School will conduct an admissions lottery when the number of applications exceeds the capacity of the program, class, grade level, or building of the state charter school.

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Please return completed application to:

Southwest Georgia STEM Charter School Student
Admissions P.O. Box 300 Shellman, GA 39886 Or
Email: galmon@sowegastemcharter.org
Questions: 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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