

## 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

2025-2026 Student Application				
Student Information				
Name			Date of Birth	
Last	First	Middle		
Address				
louse Number and Street City	/ State Zip code			
Current Grade	(mark N/A if not in s	school) Grade Apply	ring For	
Parent/Guardian Information	1			
Parent/Guardian 1				
Name		P	hone	
E-mail		R	elation to Child	
Parent/Guardian 2				
Name		P	none	
E-mail		Re	elation to Child	
Additional Information				
			TEM OLD 10 O.K. and all 10 C.K.	
Does the applicant have sibling all siblings and the grades the			TEM Charter? If yes, please list 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 Geo yes, please list all siblings that will have an application on file year.	-
Is the applicant the child of a member of the Southwest Geor child of a faculty/ staff member of the school? If yes, name of	-
I affirm that the information contained in this application below, I acknowledge that I have the legal right to enroll application does not guarantee admission into Southwes lottery, enrollment, and wait-list procedures.	this child in school. I understand that this
Parent/Guardian Signature	Date
Please return complet	ed application to:
Southwest Georgia STEM ( Admissions P.O. Box 300 S Email: galmon@sowe( Questions: 229	hellman, GA 39886 Or gastemcharter.org
School Use Only:	
Date Application Received:Lo	ottery Number Assigned
Signature of Application Recipient:	
Contact Log	
Attempt Date/Information:	
Attempt Date/Information:	
Attempt Date/Information:	

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