Mingus Springs Charter School Application

3600 N. Sunset Drive Chino Valley, Arizona 86323 Phone 928-636-4766 Fax 928-636-5149

Email: minguscharter@gmail.com

Web Site: www.mingusspringsschool.org

*Please PRINT all information clearly:			
Okililla Nissana		N 4	_
	Sex:	M	
Age as of September 1, 2021: Date of Birth:			
Grade Level as of September 1, 2021: Home Phone:			
Address:			
Mother's Name:			
Father's Name:			
Cell Phone: Email:			
Living with: Mother Father Other:			
Siblings with applications at Mingus Springs Charter School:			
Name:	_ Age:		
Name:	_ Age:		
Name:	Age:		
Former School:			
Name: Phone:			
Address:			
Please circle all that apply:			
Has your child ever been expelled from any school?		Yes	No
Has your child received Special Education Services?		Yes	No
Has your child received Speech Therapy Services?		Yes	No
Has your child received Occupational Therapy Services?		Yes	No
Has your child received Title I Services?		Yes	No
Has your child participated in a Gifted Program?		Yes	No
Does your child have a chronic health condition that would affect attend	lance?	Yes	No
Does your child have a Section 504 that would affect attendance?		Yes	No
Please provide any additional pertinent information regarding your child	l:		
Parent Signature Toda	 Today's Date		
Applicants will be notified on a first come, first serve basis. Notification of acce	•		nade
by phone and email. A response will be expected within 48 hours before the notified. How did you hear about our school? Please mark any that apply: News,, Word of Mouth, Community Directory, CVReview.com, ADE_	ext appl paper	icant и	∕ill be