



SIX MILE CHARTER ACADEMY

To submit an application:

1. Complete all information and sign and date in the space provided at the bottom of application
2. Mail to: Six Mile Charter Academy, 6851 Lancer Ave, Ft. Myers, Florida 33912
3. Or apply online at www.sixmilecharter.org

PARENT/GUARDIAN CONTACT INFORMATION

Contact Name (Dr. Ms. Mrs. Mr.) _____ Jr/Sr/III
FIRST MI LAST

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Email Address _____

Home Address* _____
STREET APT. # CITY STATE ZIP

Please write in the school year you are applying for: _____

How did you hear about the school? _____

** All school correspondence, including report cards, will be mailed to this address.*

APPLICANT ONE

Applicant Name _____ Jr/Sr/III
FIRST MI LAST

Relationship to this applicant _____ Gender Female Male Date of Birth _____

Previous School Name _____ State: _____ County: _____

Does this applicant have a sibling currently applying? Yes No Applying Sibling Name: _____

Does this applicant have a sibling currently attending? Yes No Attending Sibling Name: _____

For which grade level are you applying? PreK K 1 2 3 4 5 6 7 8

Are you requesting transportation? Yes No Is the student a dependant of active-duty military personnel? Yes No

APPLICANT TWO

Applicant Name _____ Jr/Sr/III
FIRST MI LAST

Relationship to this applicant _____ Gender Female Male Date of Birth _____

Previous School Name _____ State: _____ County: _____

Does this applicant have a sibling currently applying? Yes No Applying Sibling Name: _____

Does this applicant have a sibling currently attending? Yes No Attending Sibling Name: _____

For which grade level are you applying? PreK K 1 2 3 4 5 6 7 8

Are you requesting transportation? Yes No Is the student a dependant of active-duty military personnel? Yes No

It is the policy of Charter Schools USA to comply with all applicable state and federal laws regarding non-discrimination in employment and educational programs and services. Charter Schools USA will not discriminate illegally on the basis of sex, race, religion, national origin, disability, or age as to employment or educational programs and activities.

To the best of my knowledge, the above information is correct and complete. I understand any false statements may result in forfeiting my child's seat. In the event of a change of address, phone, name, etc. I will contact the school.

Parent Signature: _____ Date: _____