Enrollment Application Form

☐ yes ☐ no

	□ 2020/2021 □ 2	021/2022	□ 20 2	22/2023					
1.	Name(s) of student(s) to be enrolled:					Muddy Creek Charter School Corvallis School District			
	Student's <u>LEGAL</u> Name (Last, First, Middl Grade level to be placed in upon acceptan			□K	□1 st	□2 nd		of Birth: ☐4 th	
	Student's <u>LEGAL</u> Name (Grade level to be placed	•		□K	□1 st	□2 nd	Date of	f Birth: ☐4 th	□5 th
	Student's <u>LEGAL</u> Name (Grade level to be placed	•		□K	□1 st	□2 nd	Date o	of Birth: □4 th	□5 th
2.	SIBLING INFORMATION:								
	Siblings currently enrolled	at MCCS?_		_ Name(s)				
3.	PARENT/GUARDIAN INFORMATION:								
	Name:	Relationship:			Phone:				
	Address:		Email:						
	Name:		Relationship:			Phone:			
	Address:				_Email:				
4.	DISTRICT INFORMATION:								
	Resident School District:				nt County:				
	School(s) currently attending:								
Pa	rent/Guardian Signature:						Date: _		
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Please return application to: Muddy Creek Charter School 30252 Bellfountain Road Corvallis, OR 97333 (541) 752-0377 Interested in scheduling a School Tour?					For Office Use Only □ Current MCCS Student □ Child of MCCS Founder □ Sibling of Current MCCS Student □ Child of MCCS Staff Member				

Corvallis School District Resident

Resident of Other School District