

SOAR Charter High School Application for 2024-25 Due by February 23,2024

Grades 9-12

| | in the Northland Pines So in a district <u>other</u> than th | | ool District. | |
|--|---|---------------------------------------|---------------|--|
| | (Please Prin | †) | | |
| Student Last Name: | Stud | Student First Name: | | |
| Parent/Guardian Name(s): | | Telephone: | | |
| Address: | City: | State: | Zip: | |
| Parent/Guardian Email: | | | | |
| Current School: | Grade level for 2024—25: | | | |
| How did you hear about SOAR H | 15? | | | |
| I would like to apply for my chi 2024-25 school year. I understunderstand SOAR HS is a public | tand the unique features o | | J | |
| Parent/Guardian Signature: | | Date: _ | | |
| You may e | mail this completed form OR Mail or retui NPSD's Charter SOA 1700 Pleasure I: Eagle River, WI | n to: AR High School sland Road | <u>.wi.us</u> | |
| | | | | |

Date Received: _____Initial: ____Contacted: _____Initial: ___

For Office Use Only:

Open Enrollment Verified: _____ Initial: _____