



**SOAR Charter High School Application for
2024-25**

Grades 9-12

- I am currently a student in the Northland Pines School District.
 I am currently a student in a district other than the Northland Pines School District.

(Please Print)

Student Last Name: _____ 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 HS? _____

I would like to **apply for** my child to attend the Northland Pines Charter SOAR High School for the 2024-25 school year. I understand the unique features of the school, as explained in the brochure. I understand SOAR HS is a public tuition-free school.

Parent/Guardian Signature: _____ Date: _____

You may email this completed form to: hleusink@npsd.k12.wi.us

OR

Mail or return to:

**NPSD's Charter SOAR High School
1700 Pleasure Island Road
Eagle River, WI 54521**

For Office Use Only:

Date Received: _____ Initial: _____ Contacted: _____ Initial: _____

Open Enrollment Verified: _____ Initial: _____