



Oshki Ogimaag Charter School
STUDENT APPLICATION

This application must be filled out completely by a parent with custodial authority or a legal guardian. Incomplete applications will not be processed. Please mail or deliver to OPCS. Upon acceptance, enrollment information will be mailed to your primary address.

Student Name: _____ Date of Application: _____

Student Entry Date Desired: _____ Student Grade at Entry: _____

***For Kindergarten entry, student must be age 5 before Sept. 1st. Please contact the school regarding exceptions.**

Parent / Guardian Information:

Primary: Name(s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Primary Phone: _____

e-mail: _____

Secondary: Name (s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Primary Phone: _____

e-mail: _____

To the best of my knowledge, the information on this application is true and complete:

Signed: _____ Date: _____