

STUDENT APPLICATION 2020-21



Thomas Edison Charter Academy
3531 22nd Street San Francisco, CA 94114

- Complete one application for each child you wish to enroll.
- Complete all information on this form. We cannot process applications unless all information is accurately provided.
- TECA is open to all students, including immigrants and students who are not U.S. citizens.
- Please attach copies of the following and return with completed application form:
 1. Proof of residency (utility bill, lease agreement)
 2. Copy of birth certificate or other birth verification document permitted by law
 3. Child's current immunizations (Per SB277, all vaccinations will be required)
 4. Current report card (for 1st-8th grade applicants)

Student Information (please print as it appears on birth certificate)

Last Name	First Name	Middle Name	
Birthdate ____/____/____	Grade applying for (2020-21 School Year) _____	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary	
<u>Kinder Eligibility:</u> Must be 5 years old on or prior to Sept. 1 st 2020 <u>Transitional Kinder Eligibility:</u> Must turn 5 between Sept. 2 nd & Dec. 2 nd 2019	Birthplace (City, State, And Country): _____		
<u>For Kinder and 1st grade only:</u> Program Preference: <input type="radio"/> Dual Language <input type="radio"/> English	<u>For 2nd-8th graders:</u> Was child previously part of a Dual Immersion Program? <input type="radio"/> Yes <input type="radio"/> No		
Mailing Address	City	State	Zip

School Previously Attended: _____	Date started TK/K or Date first attended a US School: ____/____/____
City and State of Previous School: _____	
School Type: <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Parochial <input type="radio"/> Home	
<u>Ethnicity:</u> Is the student Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to State	
<u>Race:</u> <input type="radio"/> White/European <input type="radio"/> African American <input type="radio"/> Samoan <input type="radio"/> Tahitian <input type="radio"/> Native American/Alaskan <input type="radio"/> Filipino <input type="radio"/> Korean <input type="radio"/> Asian Indian <input type="radio"/> Other/Unspecified Asian <input type="radio"/> Hawaiian <input type="radio"/> Chinese <input type="radio"/> Japanese <input type="radio"/> Other/Unspecified Pacific Islander <input type="radio"/> Vietnamese <input type="radio"/> Laotian <input type="radio"/> Hmong <input type="radio"/> Cambodian <input type="radio"/> Guamanian <input type="radio"/> Decline to State	

Please note any other educational information of importance about your child, including allergies or other health concerns:

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Parent/Guardian Information

Parent/Guardian #1

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Relationship</u>
<u>Address (Street, City, State, Zip)</u>			
<u>Home Telephone</u>	<u>Work Telephone (ext.)</u>	<u>Mobile Telephone</u>	
<u>Email Address</u>		<u>Employer/Occupation</u>	

Parent/Guardian #2

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Relationship</u>
<u>Address (Street, City, State, Zip)</u>			
<u>Home Telephone</u>	<u>Work Telephone (ext.)</u>	<u>Mobile Telephone</u>	
<u>Email Address</u>		<u>Employer/Occupation</u>	

Education Level of Parent/Guardian (Check one)

- Not High School Graduate
 High School Graduate
 AA/Some College
 College Graduate (Bachelors)
 Graduate Degree or Higher
 Decline to State

Primary Language Spoken at Home: _____

Are any brothers or sisters planning to apply to TECA for 2020-21 or are currently attending TECA? <input type="radio"/> Yes <input type="radio"/> No *A new application must be filled out for each child/applying/attending.			
Brother or Sister's Name:	<input type="radio"/> Applying	<input type="radio"/> Attending	Grade for Sept. 2020-21:
Brother or Sister's Name:	<input type="radio"/> Applying	<input type="radio"/> Attending	Grade for Sept. 2020-21:

I certify that all information provided is true and correct.

Parent/Guardian Signature

Date