

## **Application for Enrollment 2024-2025**

## PLEASE COMPLETE ALL INDICATED SECTIONS

	ild:	×	Birth Date:		Sex: M	F
Address:				Zip Cod	le:	
lome Telep	hone:	Mobile Tele	phone:	Work:		
Nother's Na	ame:		Phone:			
ather's Nar	ne:		Phone:			
1other's/Le	gal Guardian's Email	Address:				
ather's/Leg	jal Guardian's Email	Address:				
llergies:						
lease desci	ribe your child's phys	ical, emotional, or acad	demic barriers that may rec	quire special atte	ntion:	
REGISTRA	TION FEE					
140 per ch	ild \$	Check #				
DICLITA"	ieei					
<b>BRIGHTWH</b> uition payr Brightwheel	nents will be withdra	wn on the 25 <sup>th</sup> of the m	onth for the following mon	th. All tuition mu	st be process	ed throug
		nce by writing 1 <sup>st</sup> , 2 <sup>nd</sup> , e	etc., below. Your child will o	only be considere	d for classes	you indic
lease indic n option. I	ate your class prefere Requests for specific t ment by August 31 <sup>st</sup> .	eachers cannot be acce Please contact the Dire	etc., below. Your child will of pted, as teacher placement ctor to request an exception to be by December 31, 2024)	is subject to chain.		
lease indic n option. I	ate your class prefere Requests for specific t ment by August 31 <sup>st</sup> . <b>Transitional-Kind</b>	eachers cannot be acce Please contact the Dire	pted, as teacher placement ctor to request an exception re by December 31, 2024)	is subject to chain.		
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Date: \_\_\_\_\_ Application Fee: \_\_\_\_ Check: \_\_\_ Tuition Express: \_\_\_ Enrolled: \_\_\_ Waitlist: \_\_\_

**5201 SHARON ROAD CHARLOTTE, NC 28210** 

p: 704.554.0882

e: spws@sharonpcusa.org

w: sharonpcusa.org/weekday-school