



Date received _____
Principal's initials _____

K-12 Application

6249 Skyway Paradise, CA 95969 872-1171 Fax: 872-1172

An Independent Charter School

Student Name _____ Current Grade _____ Birthdate _____

Requested Start Date _____ Referred by _____

Names of Father, Mother or Legal Guardians _____

Home Phone _____ Cell Phone _____

Home Address _____

Mailing Address _____

Briefly State your Reason for Applying to HomeTech _____

School of Residence _____

School Last Attended _____ Date Last Attended _____