



## Sherman Thomas Charter School 2025-2026 Student Application

Submit completed applications to  
26339 W. Adell Street, Madera, CA 93638  
559-674-1192

[mklassen@mystcs.org](mailto:mklassen@mystcs.org) or [ncarranza@mystcs.org](mailto:ncarranza@mystcs.org)

**Student Name**

\_\_\_\_\_

*First*

\_\_\_\_\_

*Last*

**Student Birthdate** \_\_\_/\_\_\_/\_\_\_

**Please list any siblings and grades if any:**

**Student Primary Address**

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City/Zip*

**School of Residence:** \_\_\_\_\_

**Grade for 2025-2026 school year:** \_\_\_\_\_

**Parent/Legal Guardian Name**

\_\_\_\_\_

*First*

\_\_\_\_\_

*Last*

**Parent/Legal Guardian Phone Number**

\_\_\_\_\_

**Parent/Legal Guardian Email Address (if applicable)**

\_\_\_\_\_

I certify that all of the above information is accurate and this does not guarantee placement at Sherman Thomas Charter School.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

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### For Office Use Only:

Application Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Application Completed: \_\_\_\_\_