



Sherman Thomas Charter School 2023-2024 Student Application

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

mklassen@mystcs.org or 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 2024-2025 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

For Office Use Only:

Application Received by: _____

Date received: _____

Application Completed: _____