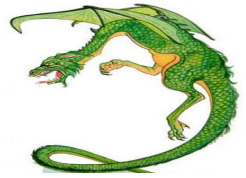




# Delta Charter School

## K 12



**31400 South Koster Rd. Tracy, California 95304-8824**

Elementary  
Office (209) 830-6789  
Fax (209) 830-9707

District  
Office (209) 835-2597  
Fax (209) 835-2613

High School  
Office (209)830-6363  
Fax (209) 830-9707

Steve Payne  
Elementary Principal

David Thoming  
Superintendent

Stephanie Lytle  
High School Principal

**New Student Intent to Register**  
**Delta Charter Schools**  
**Independent Study for 07-08 School Year**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_

Anticipated Entry Date: \_\_\_\_\_ Anticipated Credits upon Entry \_\_\_\_\_

School currently attending: \_\_\_\_\_

Parent/Guardian: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is your student an independent learner?    YES    NO

Does your student have a current IEP or 504 (special education services)?    YES    NO  
(if yes, please provide a current copy of supporting documents)

- If your student has an individualized education program (IEP), the IEP must specifically provide for his or her enrollment in Independent Study

Does your student have a computer with internet access?    YES    NO

Has your student ever been suspended or expelled?    YES    NO (if yes, please provide discipline report)

Will the supervising parent be willing to take the necessary responsibility to ensure that the student completes all assigned work?  
YES    NO

Who will be supervising the student during the day? \_\_\_\_\_

Will you (the parent/guardian) be able to meet with the Educational Coordinator once a month during the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday? YES    NO