



Kingsman Academy

Public Charter School

Student Application

Student Name

Birth Date

Gender

-- Select -- ▾

Email

Student phone (optional)

Address

City

State

Zip

Current School

Current Grade

Program of Interest

-- Select -- ▾

Application Year:

Please check all that apply

I would like to be considered for immediate enrollment for the current school year (2025-2026).

☐

I would like to be considered for enrollment for the coming school year. (2026-2027).

☐

How did you hear about Kingsman Academy?

Why do you think Kingsman Academy is a good fit for you or your child?

Residency Status

-- Select -- ▾

Questions or additional information



Kingsman Academy

Public Charter School

Parent/Guardian (1) Information

Name	<input type="text"/>
Relationship to Student	<input type="text" value="-- Select --"/>
Phone	<input type="text"/>
Email Address	<input type="text"/>
Home Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

Parent/Guardian (2) Information

Name (2)	<input type="text"/>
Relationship to Student (2)	<input type="text" value="-- Select --"/>
Phone (2)	<input type="text"/>
Email Address (2)	<input type="text"/>
Home Address (2)	<input type="text"/>

Additional Files for Upload

Upload supporting files	<input type="button" value="Choose Files"/> No file chosen
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