

2013-2014 RHODE ISLAND PUBLIC CHARTER SCHOOL LOTTERY APPLICATION

-SCHOOL NAME/LOGO HERE-

Student Information

Name: Last First Middle

Address: Street City State Zip Code

Date of Birth: Month Day Year District Residency:

Grade Applying for:

Parent/Guardian Information:

Name: Phone:

E-Mail: Relation to the Child:

Name: Phone:

E-Mail: Relation to the Child:

Additional Information:

Does the above applicant have a brother or sister currently enrolled in the school? Yes No

If yes, please provide the brother or sister's name:

Is another brother or sister also applying on a separate form? Yes No

If yes, please provide the brother or sister's name:

Is the above applicant the child of a school founder? Yes No

If yes, please provide the founder's name:

I affirm that the information contained in this application is, to my knowledge, completely true.

Parent /Guardian Signature: Date:

I agree that my child's school records may be used for studies on the effectiveness of public charter schools. If the studies are publicized, only group data, not student level data, will be reported. Sensitive student information will remain confidential under state and federal law.

Note: Checking "No" will NOT affect your child's chances for admission.

Please return this completed application form no later than to ADDRESS: PHONE:FAX: EMAIL:

SCHOOL USE ONLY Date Received Signature