2012-2013 RHODE ISLAND PUBLIC CHARTER SCHOOL LOTTERY APPLICATION

HIGHLANDER CHARTER SCHOOL
Learning as diverse as our students

Student Information

Name:_____
Last First Middle

Address: _____
Street City State Zip Code

Date of Birth: _____/_____/_____ District Residency: _____
Month Day Year

Grade Applying for: _____ Current Grade: _____

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.

☐ Yes
☐ No

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

Please return this completed application form no later than
February 10th, 2012 to Admissions Office
ADDRESS: 42 Lexington Avenue, Providence, RI 02907
PHONE:401-277-2600 FAX:401-277-2603
EMAIL:arojas@highlandercharter.org

SCHOOL USE ONLY

Date Received

Signature