

## 2017-2018 Student Application For Enrollment

Applicants **must** submit proof of residency with this application, such as a copy of a current utility bill or signed lease. Exceptions are made in cases of homelessness.

Date:

FR PUBLIC S						
O D L			Student's current grade level:			
Grade to whicl	h the stude	ent is applying for en	rollment in the	2017-2018 sc	hool year (pleas	e circle one):
5	6	7	8	9	10	11
Student's Name: _ (PLEASE PRINT)		first	middle	l	ast	
Student's Home Pr	none Numbe	er:	Student's date of birth://			
Student's Home Ac	ddress:					
		Street	Town	Z	Zip Code	
Student's Mailing A (if different from	Address: above)	Street/PO Box	Town	Z	Zip Code	
tudent's Gender: Student's Current School:						
Sibling(s) Also App	lying:	Rising Tide:				
Parent/Guardian	Informatio	n	Parent/Guardian Information			
Name:			Name:			
Relationship:			Relations	hip:		
Street Address:			Street Address:			
Town and Zip Code:			Town and Zip Code:			
Home Phone:			Home Ph	one:		
Work Phone:			Work Pho	ne:		
Mobile Phone:			Mobile Ph	none:		
E-mail Address:			E-mail Ac	ldress:		
Required: I certifits is complete and a	-	this applicant's custo	dial parent or g	uardian, and t	hat the informati	on on this form
(Print Full	Name)		(Sign Name	e)	(Date)	
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Completed applications, along with proof of residency, must be received by 11am on Thursday, October 5, 2017 to be included in the annual Enrollment Lottery. Upon receipt, the school will send an e-mail to confirm the submission of the completed application.

Rising Tide Charter Public School does not discriminate on the basis of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in English language or a foreign language, or prior academic achievement. Any and all information requested in the application is not intended and will not be used to discriminate.

Português: Isto é um documento importante. Por favor mande-o traduzir. Contate a escola du sua criança se você precisar de ajuda. Español: Estes es un documento importante. Por favor hágalo traducir. Póngase en contado con la escuela de su niño si usted necesita ayuda.