



Surry Village Charter School

449 Route 12A, Surry, NH 03431 Phone: 603-357-9700 Fax: 603-357-9701 Email: info@surryvillagecharterschool.org

2011 –2012 School Year Enrollment Application Form / Lottery Form

Student Name _____ Sex: [] M [] F
Last First Middle (Goes by)

Student Mailing

Address _____
Street Apt # City State Zip

Student Legal

Address _____
Street Apt # City State Zip

Student Birth Date ____/____/____ Child's Age _____ Home Phone () _____
M D Y

Grade Entering _____ If Kindergarten Half Day _____ Full Day _____ (No fee)

SAU # _____
Resident District determined by Residence due to NH open enrollment

Current School _____ District/Town Name _____

Child is currently receiving special education services? Yes ___ No ___

HEAD(S) OF HOUSEHOLD AND SPOUSE

Name _____ E-mail: _____

Address/Home Phone (if different from above) _____
Street

Work Phone _____
City State Zip

Name _____ E-mail: _____

Address/Home Phone (if different from above) _____
Street

Work Phone _____
City State Zip

The Surry Village Charter School admits students of any race, color, national origin, and ethnic origin.

PLEASE LIST ELIGIBLE SIBLINGS LIVING IN HOUSEHOLD

_____ **Age** _____

_____ **Age** _____

Personal Statement of Interest;

Please briefly describe your interest in the Surry Village Charter School.

New Hampshire’s Statutes and Rules require that a school district keep accurate records and updated personal files for all pupils. This information will become part of the student’s permanent cumulative record and will be available to appropriate staff members or child’s parents. New Hampshire law requires that you provide **immunization** information to your child’s school.

By signing this form, I understand that this application or the lottery does not guarantee a position for my child at the Surry Village Charter School (SVCS). I attest that I am the legal guardian for this child and if my child is able to attend SVCS, I will participate in the SVCS plan for academic expectations and parent involvement. I agree to allow SVCS to receive my child’s student records from the sending school district.

Parent/Guardian Signature

Date

RETURN COMPLETED FORM TO:

Surry Village Charter School
Attn: Enrollment
449 Route 12A
Surry, NH 03431

More Info: 603-357-9700
www.surryvillagecharterschool.org

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