



Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

### Enrollment Prospect Form

Thank you for inquiring about the Collegiate Charter School of Lowell (CCSL), a member of the SABIS® Network. CCSL is a college-preparatory school that provides a top-quality education to students in Kindergarten through 9<sup>th</sup> Grade for the 2019-2020 academic year. We strive to prepare students for success in college, equip them with the ability and desire for lifelong learning, and strengthen their civic, ethical, and moral values. CCSL provides equal access to a public education for all students, regardless of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement. Information requested in the application, such as language spoken at home or race/ethnicity is not intended and will not be used to discriminate or disqualify any student from admission to CCSL. Applicants to Collegiate Charter School of Lowell may have residency requirements for enrollment or transportation purposes.

**\*\*PLEASE PRINT\*\***

Student's Full Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
(Month/Day/Year)

Grade Entering Fall 2019:  KG  1  2  3  4  5  6  7  8  9

Does your child currently receive services under an Individualized Education Plan or 504 Plan?  
 Yes  No

Is your child currently eligible for free or reduced lunch?  
 Yes  No

Does your child currently receive English Language Learners services?  
 Yes  No

Has your child been expelled from another school district pursuant to GL c §37H or 37H½?  
 Yes  No

Student's Home Address: \_\_\_\_\_  
Street (With Apt. # if Applicable) City State Zip Code

Home Phone \_\_\_\_\_

Guardian 1 Cell Phone \_\_\_\_\_

Guardian 1 Work Phone \_\_\_\_\_

Guardian 2 Cell Phone \_\_\_\_\_

Guardian 2 Work Phone \_\_\_\_\_

#### Parent/Guardian 1 Information: (Please Print)

Mr., Mrs., Ms.: \_\_\_\_\_  
First Middle Last Relationship to Student

Home Address (if different from student): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### Parent/Guardian 2 Information (Optional): (Please Print)

Mr., Mrs., Ms.: \_\_\_\_\_  
First Middle Last Relationship to Student

Home Address (if different from student): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_

School Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

- Certified Birth Certificate (or other reasonable documentation), Proof(s) of Address, and Immunization Record will be required during the registration process.
- Applicants may have residency requirements for enrollment or transportation purposes.
- Applications must be completed by the legal parent or guardian of the enrolling student.
- Court-appointed guardians must provide official court documents stating they are legally authorized to enroll student.
- These requirements will be waived in the case of homeless students.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_