

Date/time received _____
Received by _____

Date _____ Circle Grade Applying for: 6 7 8 9 10 11 12

If sibling of current CSS student, give student's name

2019-2020 ENROLLMENT APPLICATION

Completion of this form demonstrates a desire to enroll your child at Charlotte Secondary School (CSS). If the number of applicants exceeds the number of spaces available in a grade level, CSS will hold a lottery to determine student enrollment. Applications received after our lottery will be added to the waitlist in the order in which they are received.

Applications must be in the front office **by 3:00pm on March 4 2020** to be entered into the lottery.
The Lottery will occur **March 8, 2020**

STUDENT INFORMATION		
All Student Information is required. PLEASE PRINT.		
Student's Full Name		
Residence Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Date of Birth:	Phone:	
STUDENT ID:	Current School:	

PARENT/GUARDIAN INFORMATION		
Mother / Guardian Name:		
Relationship to the student (circle one): Mother Stepmother Guardian Other (specify)		
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Alt Phone:
Email Address:		
Father/ Guardian Name:		
Relationship to the student (circle one): Father Stepfather Guardian Other (specify)		
Address:		
City:	State:	Zip Code:
Home Phone:	Work phone:	Alt Phone:
Email Address:		

Have you been suspended or expelled from your current school? Yes No

How did you hear about Charlotte Secondary School? _____

I certify that all the information given in this enrollment application is true, accurate, and complete. I understand that if my child is enrolled, giving false or misleading information on this, or any other application or residency forms, or my having omitted significant information from any of these documents, may result in the discharge of my child from the school.

Parent/Guardian Signature: _____