

2012-2013 RHODE ISLAND PUBLIC CHARTER SCHOOL LOTTERY APPLICATION

Kingston Hill Academy
850 Stony Fort Road
Saunderstown, RI 02874

Student Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

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

Grade Applying for: _____

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 17, 2012 to **Kingston Hill Academy**
ADDRESS: **850 Stony Fort Road, Saunderstown, RI 02874**
PHONE: **(401) 783-8282** FAX: **(401) 783-5656**
EMAIL: **ddemarco@kingstonhill.org**

SCHOOL USE ONLY
Date Received
Signature