

**School Year 2011- 2012
Mystic Valley Regional Charter School
Request to Attend/Register for Lottery**

You only need to fill out one form per family. List additional **eligible** children under siblings.

Applicants's Full Name _____

Mailing Address _____
 Street _____
 City/Town _____ State _____ Zip Code _____

Date of Birth _____ **Student's Grade for 2011- 2012 school year** _____

PLEASE NOTE: For children entering Kindergarten, child must be 5 years old before September 1st, 2011. Also, children that are in grades above the fifth grade are not eligible for enrollment at the Mystic Valley Regional Charter School.

SIBLINGS: Please list all siblings (one of two or more individuals having one or both parents in common; brother or sister) from the same household that you would want to participate in the lottery. Sibling preference is given to siblings of students currently attending the Mystic Valley Regional Charter School.

First Name	Last Name	Grade for 2011-2012 School Year	Date of Birth (month ,day, year)
------------	-----------	---------------------------------	----------------------------------

First Name	Last Name	Grade for 2011-2012 School Year	Date of Birth (month, day, year)
------------	-----------	---------------------------------	----------------------------------

Guardian's Full Name _____

Address (if different from student) _____
 Street _____ City _____ State _____ Zip _____

Home Phone Number _____

Alternate Phone Number _____

Email Address: _____

By signing below, you the parent or guardian acknowledge and agree to the policies of the Mystic Valley Regional Charter School as set by the School's Board of Trustees. Specifically you are acknowledging there is a specific dress code policy and attendance/retention policy that you agree to follow. If you have any questions concerning the above mentioned policies or any others, please contact the school's office before completing this form. Your signature will also show your acknowledgement that your child, if enrolled, will be taught Reading, Math and Language using the Direct Instruction Methodology in grades one through six.

Signed: _____ **Date:** _____
 Parent or Guardian Month / Day / Year

This form must be returned with proof of residence. Without proof of residence, this application will not be processed, except in the case of homeless students. Your application is not considered received until a control # is issued to you.

Please return via: Email: dferrara@mvracs.org or Regular Mail: Mystic Valley Regional Charter School, 671 Salem Street, Malden, MA 02148.

Mystic Valley Regional Charter School is committed to ensuring equal educational opportunities for all students and does not discriminate on the basis of student's disability, race, color, sex, religion, national origin or sexual orientation.