

School Year 2009-2010
 Mystic Valley Regional Charter School
 770 Salem Street
 Malden, MA 02148

Request to Attend/Register for Lottery

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

PLEASE PRINT

Applicant's Full Name _____

Mailing Address _____
 Street _____

 City Town State Zip Code

Date of Birth _____ Student's Grade for 2009-2010 school year _____

PLEASE NOTE: For children entering Kindergarten, the child must be 5 years old before September 1st of school year that you are applying for. 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 2009-2010 School Year	Date of Birth (month, day, year)
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First Name	Last Name	Grade for 2009-2010 School Year	Date of Birth (month, day, year)
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Mother Guardian's Full Name _____
 Address (if different from student) _____
 Street City Town State Zip

Father Guardian's Full Name _____
 Address (if different from student) _____
 Street City Town State Zip

Home Number Mother _____ Father _____
 Work Number _____
 Cellular/ Beeper _____

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. Please return to the Mystic Valley Regional Charter School, 671 Salem Street, Malden, MA 02148. Thank you for your interest in our school!!

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.