

PLEASE CHECK ONE:  
 \_\_\_ Lottery 2009 (kindergarten 1 only)  
 \_\_\_ Waiting List (grades K2 - 8)

OFFICE USE ONLY  
 REC'D \_\_\_\_\_  
 SIBS \_\_\_\_\_

## The Neighborhood House Charter School Application for Admission

The Neighborhood House Charter School does not discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language, or academic achievement.

I. General Information

Child's Name (Last, First Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Grade for 08-09: \_\_\_\_\_ Child's Gender:  Male  Female

Child's primary language: \_\_\_\_\_ Language spoken most in home: \_\_\_\_\_

Child's ethnic background (optional): \_\_\_\_\_

If you would prefer to receive mailings in another language, please specify language: \_\_\_\_\_

Parents/Guardians:

Mother  
 Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child?  Y  N

Father  
 Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child?  Y  N

Guardian/Other  
 Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child?  Y  N

Relationship: \_\_\_\_\_

Please list all siblings: \*

Name	Current Grade	Current School	Applying to NHCS?	
_____	_____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N

\* You must submit a separate application for each child applying.

PLEASE RETURN COMPLETED APPLICATION TO:  
 Neighborhood House Charter School, 21 Queen Street, Dorchester, MA 02122  
**Deadline for kindergarten 1 lottery is February 27, 2009.** For more information please call 825-0703.

II. School History To assist us in best meeting the needs of your child, the NHCS would appreciate the following information. Thank you.

School or daycare center which child currently attends: \_\_\_\_\_

City: \_\_\_\_\_ Current grade: \_\_\_\_\_ # of years attended: \_\_\_\_\_

Other schools or day care centers child has attended:

School	City	Grade levels
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever received Special Education? Yes No

Does your child currently have an Individualized Educational Plan (IEP)? Yes No

Is your child currently receiving any special services in school? Yes No

If yes, what services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical, learning, physical or other special needs of which we should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you think would be helpful for us to have about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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III. Parent/Guardian Opinion Questions

How do you think your child will benefit from the Neighborhood House Charter School experience? \_\_\_\_\_

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In what ways will you and your family assist your child to do well in school? \_\_\_\_\_

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Thank you for taking the time to fill out this application in its entirety and for making sure that you have supplied all available information. Please read the following release and sign below:

In the event that my child has the opportunity to be enrolled in the Neighborhood House Charter School (NHCS), I hereby authorize the NHCS to share and/or request any and all records, data or information determined to be relevant to the education of my child with the Boston Public Schools, the Commonwealth of Massachusetts Department of Education, any other schools and school systems in which my child has previously been enrolled, and any governmental departments, health or social service providers, or other offices whose activities bear directly on the programs or services with which my child is provided at the NHCS.

Name of Student \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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

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