



RHODE ISLAND CHARTER PUBLIC SCHOOLS:
2016-2017 LOTTERY APPLICATION

SEGUE INSTITUTE FOR LEARNING

Student Information

Name: _____ Date of Birth: ____/____/____
Last First Middle

Address: _____
Street, House/Apt # City State Zip Code

Current Grade: _____ (mark "N/A" if not in school) Grade Applying For: _____

Parent/Guardian Information:

Name of Previous School: _____

Name: _____ Phone: _____

E-Mail: _____ Relation to the Child: _____

Name: _____ Phone: _____

E-Mail: _____ Relation to the Child: _____

Additional Information:

Does the applicant have a brother or sister currently enrolled in this charter school? Yes No

If yes, name of brother/sister: _____

Does the applicant have a brother or sister applying to this school on a separate application? Yes No

If yes, name of brother/sister: _____

Is the applicant the child of a school founder, teacher, or staff member at this school? Yes No

If yes, name of founder/teacher/staff member: _____

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 no later than [Wednesday, February 24, 2016] to Segue Institute for Learning
ADDRESS: 325-361 Cowden Street, Central Falls, RI 02863
PHONE: 401.721.0964 FAX: 401.721.0984
EMAIL: info@segueifl.org

SCHOOL USE ONLY
Date Received _____
By (signature) _____