



2010-2011 SCHOOL YEAR

GRADES 5-8 MIDDLE SCHOOL AND GRADE 9-12 HIGH SCHOOL

Student's Grade Level in September 2010: 5 6 7 8 9 10 11 12

Gender: Male Female Date of Birth: _____ / _____ / _____
(month) (day) (year)

Please Print All Information

Student Name: _____
(first) (middle - REQUIRED) (last)

Legal Street Address: _____ Apt. # _____

City/Town of Residence: _____ Massachusetts Zip Code: _____

Home Telephone: _____
(area code)

Mother/Guardian Name: _____

Legal Address: _____
(street, city, state, zip code)

Home Telephone: _____ Work Telephone: _____
(include area code) (include area code)

Cell Phone: _____ Email address: _____
(include area code)

Father/Guardian Name: _____

Legal Address: _____
(street, city, state, zip code)

Home Telephone: _____ Work Telephone: _____
(include area code) (include area code)

Cell Phone: _____ Email address: _____
(include area code)

Applicants must complete both pages of this application form. continued on back →

FOR OFFICE USE ONLY:

Date Rec'd. ____ / ____ / ____ Time ____ Method: mail fax in-person Rec'd. by _____

Lottery # _____ Grade 5 6 7 8 9 10 11 12 Lottery Results: Slot # _____ OR

Waiting List # _____

Offer date: _____ offered by: _____ Offered by: phone letter in-person

Acceptance date: _____ Start Date: _____ Homebase: _____

Sibling Status: enrolled (gr. ____) WL (gr. ____) N/A

Is the applicant student currently enrolled in school? Yes No

If YES, School Name: _____ Town: _____

Type: Public Parochial Independent Home schooled

If NO, Has the applicant student been expelled or excluded from the school he/she attended this year?

Yes Reason for expulsion/exclusion: _____

No Reason for not attending: _____

Does the applicant have a sibling who **currently attends** IACS? Yes No

If YES, Name: _____ Grade: _____

Name: _____ Grade: _____

Does the applicant have a sibling who is also **applying** to IACS? Yes No

If YES, Name: _____ Grade: _____

Name: _____ Grade: _____

Has one/both of the parents/guardians... attended an open house or other meeting about IACS? Yes No

Taken a tour of the school? Yes No

Has the student applicant... attended an open house or other meeting about IACS? Yes No

Taken a tour of the school? Yes No

How did you hear of the Innovation Academy Charter School?

newspaper article

friend/relative of an enrolled student

newspaper ad

word of mouth/can't remember

friend/relative

other: _____

(please be specific)

Optional: Completion of the following will have no bearing on your child's admission status. (See Admission Policies and Procedures included with this application.)

Does the applicant student currently receive special education services? Yes No

If YES, please specify the type of services provided (e.g., IEP, 504, speech/language or occupational therapy) and any other information that would be helpful to us in providing service to your child:

I declare that all information provided on this application is true to the best of my knowledge and belief.

Parent/Guardian Name - PRINT

Parent/Guardian Signature

Application Date