



# Sturgis Charter Public School

427 Main Street  
Hyannis, MA 02601  
ph:(508) 778-1782  
fax: (508) 771-6785

## 2009/2010 Enrollment Registration

(PLEASE PRINT)

Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First middle (full name) Last*

Town/City of Student's Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Language: \_\_\_\_\_ Special Education Student (*optional*) IEP or 504

Ethnic Code: (*optional*) American Indian, Asian, African American, Caucasian, Hispanic, Other

Primary Address : \_\_\_\_\_  
*Street Town Zip Code*

Mailing Address: \_\_\_\_\_  
*Street/PO Box Town Zip Code*

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Please check if this school is:  Public  Public Charter  Parochial  Other

Mother/Guardian Name: \_\_\_\_\_

Mailing/Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Mailing/Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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Do you have any siblings who currently attend Sturgis Charter Public School?

Circle one: YES NO

If yes, please list their names and graduating classes: \_\_\_\_\_

\_\_\_\_\_

*Continued*

Names of Siblings:

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***For Office Use Only***

Follow-Up Contact: \_\_\_\_\_

Application & Registration received:

\_\_\_\_\_

Lottery Pool: \_\_\_\_\_

**Lottery Number:** \_\_\_\_\_

Shadow Date : \_\_\_\_\_

Enrollment Notification: \_\_\_\_\_

Host: \_\_\_\_\_

Enrollment Confirmation: \_\_\_\_\_

Reason for Withdrawal of Application: \_\_\_\_\_

\_\_\_\_\_