



MIDTOWN PUBLIC CHARTER SCHOOL

301 Adelle Street / Jackson, Mississippi 39202 • (601) 354-7770 phone • (601) 487-9319 fax • www.midtownpublic.org



MIDTOWN
Public Charter School

Student Enrollment Request Application

Space is limited. Apply immediately. Applications are due by 5:00 pm on March 1, 2016.

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PLEASE COMPLETE AND SIGN THE APPLICATION. IF YOU ARE APPLYING FOR MORE THAN ONE CHILD, PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH CHILD.

STUDENT'S FIRST NAME _____ STUDENT'S LAST NAME _____

STREET NUMBER _____ STREET NAME _____

APARTMENT NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

BIRTH DATE _____ SCHOOL STUDENT CURRENTLY ATTENDS _____

DO YOU CURRENTLY HAVE A STUDENT AT MIDTOWN PUBLIC? YES/NO

IF YES, WHAT IS THE STUDENT'S NAME? _____

CURRENT GRADE: 4TH 5TH 6TH 7TH **GENDER:** Male/Female **THE STUDENT LIVES WITH:** Both parents/Mother/Father/Guardian /Other

FAMILY MEMBER/RESIDENCY INFORMATION:

MOTHER/LEGAL GUARDIAN FIRST NAME _____ MOTHER/LEGAL GUARDIAN LAST NAME _____

PRIMARY PHONE NUMBER _____ SECONDARY PHONE NUMBER _____

STREET NUMBER _____ STREET NAME _____

APARTMENT NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ EMAIL _____

FATHER/LEGAL GUARDIAN FIRST NAME _____ FATHER/LEGAL GUARDIAN LAST NAME _____

PRIMARY PHONE NUMBER _____ SECONDARY PHONE NUMBER _____

STREET NUMBER _____ STREET NAME _____

APARTMENT NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ EMAIL _____

NOTE: ALL INFORMATION ABOVE IS REQUIRED. FOR GUARDIANS WHO ARE NOT A STUDENT'S BIOLOGICAL MOTHER OR FATHER, PROOF OF GUARDIANSHIP WILL BE REQUIRED PRIOR TO COMPLETION OF ENROLLMENT.

HOW DID YOU HEAR ABOUT MIDTOWN PUBLIC?

FAMILY / FRIEND / BILLBOARD / FLYER / MEDIA / CURRENT SCHOOL STAFF

I certify that all information provided in this application and in all accompanying forms is true, accurate, and complete. I understand that if enrolled, having given false, inaccurate, or misleading information, on this form or any other Midtown public form may result in the dismissal of my child from the school. I understand that completion of this application for enrollment does not guarantee enrollment in Midtown Public Charter School and that additional information will be required prior to enrollment.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**FOR OFFICE
USE ONLY**

APPLICATION # _____ DATE RECEIVED _____ TIME RECEIVED _____ INITIALS _____