

# Academy Charter School



## **Welcome to The Academy Charter School Lottery, 2021-2022.**

On the first Friday of May, we draw to fill open student slots and the wait list for each grade for the upcoming school year. Please take a moment to fill out this form if you would like your student to be entered in our lottery. All forms received after our lottery, will be added to the bottom the wait list. You may return the form by email, [acc@matsuk12.us](mailto:acc@matsuk12.us) Fax, 907-746-2368 or drop off.

Date submitted: \_\_\_\_\_  
Grade Applying For: \_\_\_\_\_  
(As of August 2021)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Sibling's Names & Grades that are also applying for Academy.

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_

- I have filled out a separate form for each of the above listed students. (Please initial box)

**Phone Numbers:** *Please be aware that once we have contacted you about an available space you will have 24 hours to respond. Please keep contact numbers current.*

- Home \_\_\_\_\_
- Work \_\_\_\_\_
- Cell \_\_\_\_\_

Mailing Address, Street: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Current School if Attending: \_\_\_\_\_

Please answer each of the following statements.

My KG student will turn the age of 5 before August 1<sup>st</sup>  
(required for enrollment at ACS)  
Yes No

I am aware of the school dress code.  
Yes No

I am aware of the 36 hours of parent participation commitment per year Yes No

I am aware of the educational enhancement fee that enables your student to participate in enhanced learning opportunities.  
Yes No

I understand I must transport my student to and from school.  
Yes No

I understand I must provide a sack lunch for my child each day.  
Yes No

I understand the Academy Charter School offers an accelerated, fast paced program. Yes No

I understand that I must provide a school physical including a hearing and vision test every year for my child. Yes No

I live within the Mat Su Borough. Yes No

If not, I will verify my valid MatSu residence address prior to August 1st. If a valid Mat-Su address has not been provided to the school by August 1st, I understand that my child's position will become invalid.  
Yes No

Signature \_\_\_\_\_ DATE \_\_\_\_\_