Applicant Information

*Student Information

Last Name

First Name

Middle Initial

*Student Birthdate

*To apply for Kindergarten student must turn 5yrs old on or before July 31st of the applicable school year.

MM   DD   YYYY

Student DOB   /   /

Present School

*Applying for Grade Level for Transfer in 2017-18 (Enter Current Grade Level or NA)

*Applying for Grade Level for 2018-19 (Enter 18-19 school year Grade Level)

List any sibling(s) currently attending Premier Charter School

Brothers and/or sisters must share one biological or adoptive parent

MM   DD   YYYY

Name & Grade   Student DOB   /   /

MM   DD   YYYY

Name & Grade   Student DOB   /   /

Has applicant ever attended SLCS / Premier Charter School? If yes, what year(s)?

Does the applicant currently have a sibling awaiting placement in the lottery? If yes, list name and grade.

Sibling One:

Sibling Two:

*Is your child applying to enroll at Premier Charter School from an unaccredited Missouri School District in which they currently reside?   ○ Yes   ○ No

If yes, please indicate which unaccredited district the child is currently residing.
○ NA   ○ Other (please specify) _____

Applicant has contacted their residing district of their intention to transfer. This question/process is required only for students wanting to transfer from an unaccredited district.
○ Yes, I have contacted my unaccredited district to obtain approval for transfer.
○ No, I have not contacted my unaccredited district to obtain approval for transfer.
○ NA

*Parent/Guardian with whom student applicant resides – Required Information

Parent / Guardian	Relationship
Address	Apt
City State	Zip
Cell Number ( ) _____ - _____	Work/Other ( ) _____ - _____
Email Address	

* Preferred methof of contact via SchoolMint Acount (must select one method)
○ Text   ○ Email   ○ Text & Email

Other Parent/Guardian with whom student resides (if applicable)

Parent / Guardian	Relationship
Address	Apt
City State	Zip
Cell Number ( ) _____ - _____	Work/Other ( ) _____ - _____
Email Address	

* Preferred methof of contact via SchoolMint Acount (must select one method)
○ Text   ○ Email   ○ Text & Email

I certify that all the above information is true and correct and that the applicant is a St. Louis City resident or is a resident of an unaccredited Missouri School District. I understand that any incorrect information may allow the school to deny enrollment even after lottery selection. I further certify that I am the parent/guardian of the above child. I understand that if no space is currently available for placement of the applicant due to mor applications than spaces available, this application will be held fo inclusion in the next lottery process for PCS for the applicable year only. I also realize that this application does not guarantee admission to Premier Charter School. That the lottery procedure placed the applicant's name in the lottery pool and that if the application is not selected in the applicable year, the applicant will need to re-apply when the next school year's lottery application becomes available. *Also, any selected applicant from an unaccredited school district must receive prior approval from their residing district in order to be eligible to transfer/enroll in PCS.

*I certify that I agree, and the above information is true. I also understand that any information stated above is false or have not completed the necessary requirements for enrollment, my child will not be eligible to attend in the selected school year.

Name of Parent/Guardian	
Relationship to Student	
Date	

IMPORTANT: ALL SELECTED applicants will be notified via phone and mail; applicants must then fill out an present remaining paperwork according to deadline in order to complete enrollment. If selected, the following documents are required to complete registration:

1. Registration Packet (online or printed version available upon request)
2. Offical Documentation Showing Proof of Age
3. Immunization (Shot) Records or Exemption Card
4. Student's Social Security Card (optional)
5. Two proofs of St. Louis City Residence
6. Proof of Transfer approval from unaccredited district (if applicable)

"This institution is an equal opportunity provider"

For Office Use Only

O Eligible   O Not Eligible   O Sibling Preference

Date Selected		Date Contacted	
Date Accepted		Date Declined	