

PREMIER CHARTER SCHOOL - Student Lottery Application

Application is complete after all *required information is filled out and submitted.

To complete an online application you may create an account via SchoolMint at:

https://premiercharterschool.schoolmint.net/signin. Using the online application will allow you to track your lottery application status and receive updates via text and/or email. All paper applications will be entered into the SchoolMint Enrollment system for the lottery.

Applicant Information

*Student Information	1		
Last Name			
First Name			
Middle Initial			
*Student Birthdate *To apply for Kinderg MN Student DOB	garten student must turn 5yrs old on o	or before July 31 st of the applicab	le school year.
Present School			
*Applying for Grade I	Level for Transfer in 2016-1	7 (Enter Current Grade Lev	vel or NA) CLOSED for Transfer
*Applying for Grade I	Level for 2017-18 (Enter 17-1	8 school year Grade Level)	
	rently attending Premier Ch must share one biological or ado	ptive parent*	
Name / Grade / DOB			MM DD YYYY
Name / Grade / DOB		N	MM DD YYYY
Has applicant ever at	tended SLCS / Premier Cha	rter School? If yes, wha	at year(s)?
Does the applicant cullist name and grade.	ırrently have a sibling awai	ting placement in the lo	ottery? If yes,
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? O Yes O No If yes, please indicate which unaccredited district the child is currently residing.							
O NA O 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.							
O Yes, I have contacted my unaccredited district to obtain appr							
O No, I have not contacted my unaccredited district to obtain a O NA	pproval for transfer.						
*Parent/Guardian with whom student applicant resides – Re	equired Information						
Parent / Guardian	Relationship						
Address	Apt						
City State	Zip						
Cell Number () - Home ()	_						
Work () Email							
*Preferred method of contact via SchoolMint Account (Must check one method)							
☐ Text ☐ Email ☐ Text & Email							
Other Parent/Guardian with whom student resides (if applicable)							
Parent / Guardian	Relationship						
Address	Apt						
City	Zip						
Cell Number () Home ()							
Work () Email							
*Preferred Contact via SchoolMint (Must check one method)	☐ 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 more applications than spaces available, this application will be held for 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. I understand that the application places the applicant's name in the lottery pool for chance of enrollment. I further understand 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 if any information stated above is false or I 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 by phone and by selected preference using text and/or email. Notification by mail will be sent if unable to reach via any other methods. Selected applicants must then fill out and 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. Official Document Showing Proof of Age
- 3. Immunization (Shot) Records or Exemption Card
- 4. Two proofs of St. Louis City Residence
- 5. 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				