

# Lowell Middlesex Academy Charter School Admittance Application

No application fee is required

Please send this application and other documents to:

LMACS  
67 Middle Street  
Lowell, MA 01852  
(978) 656-3165

Do Not Write In This Area

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Accepted: \_\_\_\_\_ Semester: \_\_\_\_\_

PLEASE PRINT

- Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_
- Sex:  Male  Female
- Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- City of Birth \_\_\_\_\_
- Mark one ethnic identity:  
 Hispanic or Latino  Not Hispanic or Latino
- Mark one or more racial identities:  
 White  Black or African American  
 Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander
- Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code
- Home Telephone: ( ) \_\_\_\_\_  
Cell Telephone: ( ) \_\_\_\_\_  
Work Telephone: ( ) \_\_\_\_\_
- High School last attended: \_\_\_\_\_  
Numbers of years attended: \_\_\_\_\_
- Date of High School Withdrawal: \_\_\_\_\_  
Month Year
- Other High Schools and Middle Schools attended:  
\_\_\_\_\_ 19\_\_ to 19\_\_  
\_\_\_\_\_ 19\_\_ to 19\_\_
- Is English your first language?  Yes  No  
If No, what language do you speak at home? \_\_\_\_\_
- How did you become interested in the Lowell Middlesex Academy Charter School (LMACS)?  
 Friend/Family Mbr.  Web Page  
 Social Worker/Counselor  Other (explain) \_\_\_\_\_
- Do you have any siblings at Lowell Middlesex Academy (LMACS)?  Yes  No
- What is the highest grade you have completed  
 8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>
- MCAS Taken? Passed?

10 <sup>th</sup> Grade Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 <sup>th</sup> Grade ELA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School Science	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- What was the highest level of education your parents completed?  
Father:  J.H.S.  H.S.  
 Some College  College  Beyond  
Mother:  J.H.S.  H.S.  
 Some College  College  Beyond

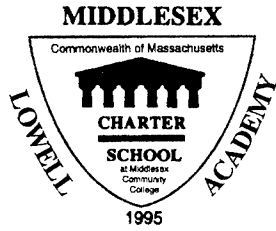
*I certify that all information stated on this application is accurate and complete.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature (if applicant is under 18) \_\_\_\_\_

*LMACS is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, or gender identity.*

If you are handicapped and need special arrangements, please contact the Disabled Student Services Office at (781) 280-3200 ext. 3630.



**\*Short Autobiography:** (Who are you and what have you done in life?) **50 word minimum**

**Helpful questions that should be answered in your essay**

- What were the reasons that you dropped out of high school?
- What special skills and abilities do you have?
- What are you most proud of?
- What are your plans for the future?
- What will you bring to LMACS?

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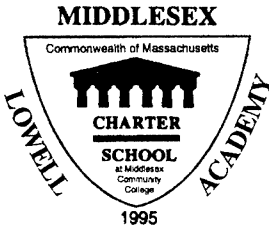
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## LMACS Designated Adult Form

Recommendation & Commitment Form  
(to be completed by Parent/Guardian or other adult over the age 25)

I, \_\_\_\_\_ agree to act as the Designated Adult for  
the LMACS Student \_\_\_\_\_  
Student's Name

**This commitment means that**

1. I will attend LMACS Admissions Interview.
2. I will be available to meet/talk with LMACS school personnel as needed.
3. I understand that I may request a Team Meeting at any time to discuss my student's progress and individual learning needs. (A Team Meeting will be held within 7 days of a request.)
4. I will attend a minimum of three LMACS functions as a support to my student.

Note: You have the right to receive information from the school in both English and your native language. Please **check here** if you would like to receive information in **English** only: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Parent/DA email Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number(s): (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

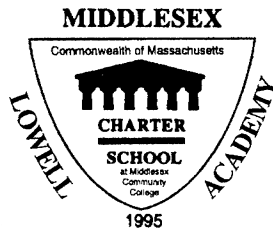
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## Photo Release Opt Out Form

LMACS will occasionally use a student likeness in a photograph in its publications or on its website. Parents and students have a right to **opt out** of the inclusion of such photographs. If you wish to **opt out**, please check the box below and sign where indicated

I **do not** give permission for use of my student's photo/image for the uses stated above.

Parent/DA Signature: \_\_\_\_\_



*School Record Release Form*

I give permission for the release of all my school records (academic and health) to the Lowell Middlesex Academy Charter School

\_\_\_\_\_  
**Student's Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** **Parent/Guardian Name (Please Print)** **Date**



**DO NOT WRITE IN THIS AREA  
FOR OFFICE USE ONLY**

**Please release the following records:**

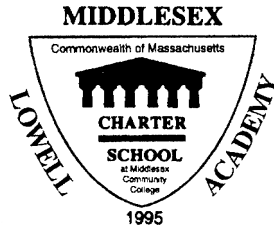
- Disciplinary Records
- Health Records
- Academic Transcript
- Cumulative Special Education Records (Including IEP, IEP progress reports and evaluations)
- MCAS Results (Grade 8 & Grade 10)

Student's Name: \_\_\_\_\_

SASID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last High School Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_



Dear Parent/Guardian,

In order to help your child succeed in school we ask that you please fill out the following form for EACH child that you are registering at Lowell Middlesex Academy Charter School. Your answers will help us to provide the best possible educational program for your child.

**Student Name:** \_\_\_\_\_

1. What language did your child first understand or speak? \_\_\_\_\_
2. What language do you use most often when speaking to your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking with you at home? \_\_\_\_\_
4. What language does your child speak most often when speaking with other family members?  
\_\_\_\_\_
5. What language does your child use most often when speaking to friends? \_\_\_\_\_
6. What languages does your child read? \_\_\_\_\_
7. What languages does your child write? \_\_\_\_\_
8. At what age did your child start attending school? \_\_\_\_\_
9. Has your child entered school every year since that age? \_\_\_\_\_  
If no, please explain:
10. What is the student's race? (*check one or more*)
  - American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
  - Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
  - Black or African American (A person having origins in any of the black racial groups of Africa.)
  - Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
  - White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
11. Would you prefer oral and written communication from the school in English or in your home language?  
\_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School Intake Person: \_\_\_\_\_