



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

1. Name: _____

2. Middle Name: _____

3. Sex: Male Female

4. Birth date: ____/____/____
 Month Day Year

5. City of Birth _____

6. Mark one ethnic identity:
 Hispanic or Latino Not Hispanic or Latino

7. Mark one or more racial identities:
 White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

8. Address: _____

City State Zip Code

9. Home Telephone: () _____
Cell Telephone: () _____
Work Telephone: () _____

10. High School last attended: _____
Numbers of years attended: _____

11. Date of High School Withdrawal:

Month Year

12. Other High Schools and Middle Schools attended:
_____ 19__ to 19__
_____ 19__ to 19__

13. Is English your first language? Yes No
If No, what language do you speak at home? _____

14. How did you become interested in the Lowell Middlesex Academy Charter School (LMACS)?
 Friend/Family Mbr. Web Page
 Social Worker/Counselor Other (explain) _____

15. Do you have any siblings at Lowell Middlesex Academy (LMACS)? Yes No

16. What is the highest grade you have completed
 8th 9th 10th 11th

17. MCAS	Taken?	Passed?
10 th Grade Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 th 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

18. 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

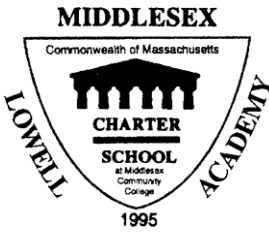
I certify that all information stated on this application is accurate and complete.

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 or sexual orientation

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



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) _____

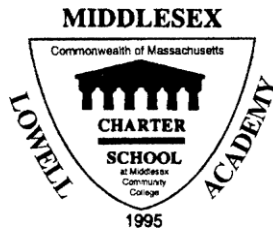
(Cell) _____

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: _____