

**LEDYARD CHARTER SCHOOL
STUDENT REGISTRATION & RESIDENCY FORM**

STUDENT _____ M [] F [] Year: _____
Last First Middle
Birthdate: Month _____ Day _____ Year _____ Birthplace: _____ State: _____
Last School Attended _____ Grade: _____
Address: _____
Date Left: _____

PARENTS of student are married [] and live together [] or live separately [] or are divorced
[] or other----

Please Specify: _____
Verifications Attached: [] Birth Certificate [] Court Guardianship
[] Other (Specify) _____

STUDENT RESIDES AT:
Street/Road Address: _____ Phone: _____
City/Town: _____
Zip Code: _____

STUDENT RESIDES WITH:
Name(s): _____
Mailing Address: (If different than above) _____
City/Town: _____ Zip Code: _____

PERSON(S) WITH LEGAL GUARDIANSHIP: _____
Street Address: _____ Phone: _____
City/Town: _____ Zip Code: _____

MOTHER: _____ Home Phone: _____
Cell Phone _____ Employed by _____
Work Phone _____ Email Address: _____

FATHER: : _____ Home Phone: _____
Cell Phone _____ Employed by _____
Work Phone _____ Email Address: _____

[] American Indian/Alaskan Native [] Asian [] Hispanic [] Black, Non-Hispanic [] White, Non-Hispanic

LEDYARD CHARTER SCHOOL

- If **Language** other than English is spoken at home, please indicate: _____
- Guardian/student is required to notify the school when student is absent.
- **Medicaid #** _____ **Suffix:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE FORM COMPLETED:** _____

Mission:

The Ledyard Charter School will prepare students for the world by actively engaging them in **rigorous** and **relevant** learning within a community of adult mentors.

Has your past behavior resulted in outside agency involvement (counselor, tracker, probation officer, etc..)?

If yes, who are they?

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Have you had a job in the past?

Have you ever worked in the community (include volunteer work)?

Areas of interest:

If you could have any job, what would it be?

What skills do you believe you need to be successful? (Authors need language skills.....)

Have you ever participated in an activity that you loved? What do you think made it so interesting?

Essay:

Please identify why you believe you will be more successful at Ledyard Charter School. This essay is an opportunity to share with us a commitment to your learning process. Convince the faculty why changes in school will aide you in receiving a successful and fulfilling education. There is no “right” answer.

Ledyard Charter School

School Year _____

Emergency Information Form (must be completed by parent/guardian)

Student's Name _____ Grade _____ Birth date _____

Home Phone # _____ Residence _____

Mother's Name and Address _____

Father's Name and Address _____

Guardian's Name and Address _____

Daytime Phone #: Mother _____ Father _____ Guardian _____

Cell#: Mother _____ Father _____ Guardian _____

Does the school need custody documentation? Yes _____ No _____

Please identify two responsible adults who we may call if you can not be reached:

Name _____ Phone _____

Name _____ Phone _____

Since the last school year has your child received:

Physical Exam (date _____ Tetanus Shot (date) _____ Second MMR (date) _____

Any other immunizations (date) _____ **Please submit documentation.**

Medical History: Does the student have any of the following? (Please Specify)

Allergies _____ Ear/Hearing Problems _____

Asthma _____ Eye/Vision Concerns _____

Bee Sting Sensitivity _____ Cardiac/Heart Problem _____

Other _____

CURRENT MEDICATION: Please list all medications student currently takes:

Does your child have insurance coverage? Yes _____ No _____

Name of insurance carrier _____ Group # _____

Dental Coverage Y/N Dentist _____
(Name) (Address) (Phone)

Name & Phone # of student's physician (in case of emergency) _____

I give permission for the school administration to share this information to Ledyard Staff members on a need to know basis.

I give the school permission to carry out emergency care and life saving procedures in the event that parent/guardian cannot be reached.

Signature Parent/Guardian _____ Date: _____

Ledyard Charter School
PO Box 327 Lebanon, NH 03753 (603) 727-4772

School Year _____

Emergency Information Form (must be completed by parent/guardian)

Student's Name _____ Grade _____ DOB _____

Home Phone # _____ School District _____

Mother's Name and Address _____

Email: _____

Father's Name and Address _____

Email: _____

Guardian's Name and Address _____

Email: _____

Daytime Phone #: Mother _____ Father _____ Guardian _____

Cell#: Mother _____ Father _____ Guardian _____

Does the school need custody documentation? Yes _____ No _____

Please identify two responsible adults who we may call if you can not be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Medical History: Does the student have any of the following? (Please Specify)

Allergies _____ Ear/Hearing Problems _____

Asthma _____ Eye/Vision Concerns _____

Bee Sting Sensitivity _____ Cardiac/Heart Problem _____

Other _____

CURRENT MEDICATION: Please list all medications student currently takes:

Does your child have insurance coverage? Yes _____ No _____

Name of insurance carrier _____ Group # _____

Dental Coverage Y/N Dentist _____
(Name) (Address) (Phone)

Name & Phone # of student's physician (in case of emergency) _____

I give the school permission to carry out emergency care and life saving procedures in the event that parent/guardian cannot be reached.

Signature Parent/Guardian _____ Date: _____

E-Mail _____

Ledyard Charter School

Non-Negotiable Expectations:

1. Daily attendance is expected and required. Absences need to be reported to Ledyard staff.
2. Ledyard will be a chemically free environment. Students may not have any illegal substances in their possession. This includes attending school under the influence of drugs or alcohol. Violation of this policy will result in immediate removal from school and contacting the authorities.
3. Firearms, knives, explosives, or objects that could be considered a weapon will not be permitted while attending any activity involving the Charter School.
4. Violent or aggressive behavior will not be tolerated and will be grounds for suspension.
5. Students are to be on campus from 9:00 AM-2:30 PM unless previous arrangements have been made and approved by the LCS Director. Students may not be at the Lebanon High School during school hours unless participating in an approved Ledyard activity or class.
6. Once a student signs in, they will remain in designated areas or with Ledyard staff. If a student leaves, they may not return to school for the remainder of that day.

Student Signature

Date

Parent Signature

Date

Hours of Operation (8:00AM - 4:00PM)
Ledyard Charter School
11 Eldridge Street
Lebanon, NH 03766
(603) 727-4772
2010-2011

School opens at 8:00 AM for any student wanting help or to use the school to get work completed.

Classes start at 9:00 AM and end at 2:30 PM.

Lunch will be from 12:00 PM to 12:30 PM. **There is NO off campus lunch**

School is open from 2:30 PM to 4:00 PM for support except on Tuesdays. Tuesday from 2:30 – 4:00 teachers meet weekly.

Ledyard Charter School has no early release days and no delayed openings.

Graduation is the ONLY day the students are released early from school.

Ledyard Charter School will post school closings on local news channel and local radio stations. You can assume that if Lebanon is cancelled, we are cancelled.

School will run a 6 week 6 session curriculum.