



Lottery Form 2017-2018 School Year

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Grade applying for: (Check one ONLY)

Transitional Kindergarten (Born between 09/02/2012 and 12/02/2012)

Kindergarten (Born between 09/02/2011 and 09/01/2012)

1st 2nd 3rd 4th 5th

Does the child have **another sibling applying** for Ararat Charter School as well? Yes No If yes, please indicate below:

Sibling's Name: _____ Grade: _____ Date of Birth: _____

Sibling's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: (Optional) _____

Cell Phone: (Optional) _____ Email Address: (Optional) _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Lottery Eligible In Wait List Wait List # _____ Offer made on: _____ Accepted Declined

Post Enrollment Window Date received: _____ Time received: _____ am/pm Received by: _____

