



ENROLLMENT ELIGIBILITY: \_\_\_\_\_ ACADEMIC YEAR

Grade in Fall: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Applicant's Legal Address: \_\_\_\_\_

Applicant's Gender (please circle one): Male / Female / Other / Prefer not to say      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*ALL NH STUDENTS ARE ELIGIBLE TO APPLY IF THEY AND THEIR GUARDIAN(S):* (CHECK EACH BOX TO CONFIRM AGREEMENT)

**1. Attend an Information Session** (or private appointment with a school representative) **to ensure a clear understanding of Kreiva Academy Public Charter School's philosophy, expectations, educational program, and approach to discipline and culture.**

- ☐ I understand that Kreiva Academy Public Charter School is designed to develop the Personal, Intellectual and Professional domains of a student's life and that the curriculum is based on 100% mastery of set Learning Targets.
- ☐ I understand that Kreiva Academy Public Charter School's classes are short, inter-disciplinary modules where content is taught by looking at applied situations, not specialized subject-based courses.
- ☐ I understand that Kreiva Academy Public Charter School curriculum does not include a focused Art, Music, Gym, or other such class. There will be ample opportunities for my student to practice these disciplines in after school enrichments or through Kreiva Academy Public Charter School's robust Extended Learning Opportunity (ELO) program. I understand the culture of the school will be driven by an opt-in system of Restorative Practices that has been proven to give everyone more dignity in a conflict situation and yield fewer incidents over time. There will be further opportunities to learn more about this system as the start of school approaches.

**2. Believe that the applicant will benefit from attending Kreiva Academy Public Charter School.**

- ☐ I believe that \_\_\_\_\_(applicant) will benefit from attending Kreiva Academy Public Charter School.

**3. Understand that the Kreiva Academy Public Charter School Vision requires collaboration between the student, family, educators, and other community members to succeed.**

- ☐ I understand that the Vision requires us to engage in the educational community to fully succeed.

**4. Agree to provide the following documents if selected for a spot:**

- ☐ Proof that the applicant is a NH resident at the time of application. (Must show the legal guardian's name and address where the applicant resides.)
- ☐ Valid documentation of applicant's Date of Birth.
- ☐ Proof of physical examination by a medical professional including Up-to-date immunization records OR Proof of Immunization Exemption in accordance with RSA 141-C:20-c.
- ☐ Any relevant custody documentation.
- ☐ IEP or 504 if applicable.

**Contact's Name:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_

**Contact's Phone:** \_\_\_\_\_ Home / Work / Cell (please circle one)

**Contact's Email:** \_\_\_\_\_