

Lottery Enrollment Form  
2020-2021 School Year

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Middle required month day year*

Home Address: \_\_\_\_\_  
*Number/street city state zip code*

Telephone Number: \_\_\_\_\_ Gender:  female  male

Name of Current School/Elementary School: \_\_\_\_\_  
*Name phone #*

Present Grade (2019-2020):  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> Preferred Language: \_\_\_\_\_  
Anticipated Grade (2020-2021):  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>

Does the student have a brother or sister who currently attends Salem Academy?  Yes  No

Name of sibling: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_/  
*last first Relationship to student*

Home Address: \_\_\_\_\_  
*Number/street city state zip code*

Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_/  
*last first Relationship to student*

Home address: \_\_\_\_\_  
*Number/street city state zip code*

Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

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