

45 congress street = salem, ma 0 1 9 7 0 = 9 7 8 . 7 4 4 . 2 1 0 5 = www.salemacademycs.org

Lottery Enrollment Form 2018-2019 School Year

Student Name:					Date of Birth:/		
	Last	First	Middle required			ear	
Home Address:						_	
	Number/street	ci	ity	state	zip code		
Telephone Number	r:			_	Gender: □ female	□ male	
Name of Current S	chool/Elementary						
		Na	ıme		phone #		
Present Grade (20) Anticipated Grade				Prefered Language:			
Does the student h	ave a brother or si	ster who cur	rently attend	ds Salem Academy?	□ Yes □ No		
Name of Parent/Gu	ıardian:				/_		
	last			first	Relationship to si	tudent	
Home Address:							
	Number/stree	?t	city	state	zip co	ode	
Telephone Number	Work:			Cellular N	umber:		
Email Address:				Prefered Language:			
Name of Parent/Gu		/					
	last			first	Relationship to stu	ıdent	
Home address:							
	Number/stre	et	city	state	zip co	de	
Telephone Number	r:	Work:		Cellular Number:			
Email Address:		F			Prefered Language:		

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