



Rhode Island Nurses Institute Middle College

Application for Enrollment

Directions on how to apply:

Step one: Print the application in either English or Spanish

Step two: Complete the application by hand. Please be as complete as possible. Incomplete applications may have to be returned.

Step three: Mail, fax or hand deliver the application to:

**Rhode Island State
Nurses Association
700 Butler Drive
Providence, RI 02906**

**Tel: (401) 331.5644
Fax: (401) 331.5646**

Hours: Mon-Fri 9am-4pm

The school's official lottery, if there are more candidates than open seats, will be held in April or May of 2011.

Application for Charter School Admission Lottery

Grade Applying For: _____ School Year Applying for: _____

Name: _____ Date of Birth _____
Last First Middle

Address: _____
Street City/Town State Zip Code

Gender: male _____ female _____ Home Phone: _____ Home Language: _____

Race/Ethnic Origin: (information only, not lottery criteria, please circle only one)

American Indian/Alaskan Native White Asian/Pacific Islander African American Hispanic

Schools your child has attended (list current school first):

School Location

School Location

Parent/Guardian with whom the student resides:

Name: _____ Relation to child: _____
Last First

Work Phone: _____ Ext. _____ Cell Phone: _____

Second Parent/Guardian Information:

Name: _____ Relation to child: _____
Last First

Address: _____ Home Phone: _____
Street City/Town State Zip Code

Work Phone: _____ Ext. _____ Cell Phone: _____

Sibling Information:

Is there a sibling applying on a separate application? _____ Yes _____ No

If yes, please provide sibling name: _____

Parent/Guardian Signature: _____ **Date:** _____

To be filled in by the school

Date Received/ Postmarked: _____ Signature: _____

Escuela de Charter Solicitud de Admision

Informacion del estudiante:

Nivel de la escuela: _____

Nombre: _____ Fecha de nacimiento _____
Apellido Nombre Primero Segundo nombre

Direccion: _____
Calle Ciudad/Pueblo EstadoCodigo postal

Gender: masculeno _____ femeneno _____ Telefono de casa: _____ Lenguaje de casa: _____

Race/Ethnic Origin: ((informacion only, nota lotteria, please circle only one)

American Indian/Alaskan Native White Asian/Pacific Islander African American Hispanic

Esuelas a que ha asistado su nino. (list current school first):

Escuela locacion

Escuela locacion

Padre o guardian que vive con el estudiante:

Nombre: _____ Relacion al estudiante: _____
Apellido primer nombre

Telefono de trabajo: _____ Ext. _____ Telefono celular: _____

Informacion de padre o guardian:

Nombre: _____ Relacion al estudiante: _____
Apellido primer nombre

Direccion: _____ Telefono de casa: _____

Telefono de trabajo: _____ Ext. _____ Telefono celular: _____

Informacion del hermanos:

?tiene el estudiante hermanos en este colegio? _____ si _____ No

si si, escribe el nombre del hermano: _____

firma del padre: _____ fecha: _____

School Use Only

Date Received/ Postmarked: _____ Signature: _____