

Chatham Charter School

Headmaster-Ronnie Joyce
Assistant Principal- Etta Foushee

Board Members

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Valerie Harris – Vice President
Dee Brady-Treasurer,
Lisa Powell - Secretary,
Arnold Headen, Lewis Fadley,
Gary Tyson, Bill Haiges, Kim Lindley,
Julia Brent Milholen-Honorary Board Status

Phone 919-742-4550 Fax 919-742-2518 Email: chathamcharter@chathamcharter.org
Post Office Box 245 2200 Hamp Stone Road Siler City, North Carolina 27344

Thank you for your interest in Chatham Charter School. Attached is an application that you will need to complete for your child. If your child is applying for grades 1 - 8, please attach to the application a current semester report card and any EOG testing data which you can obtain from your child's current school.

When we have received all of the above information your family will be placed in the lottery. We must have your complete application by Tuesday, February 28, 2012. The lottery will be held Thursday, March 8, 2012 at 9:30 am.

We look forward to working with you and your child through the admissions process. If you have any questions or concerns please feel free to give us a call.

Sincerely,

Julia-Brent Milholen
Admissions

CHATHAM CHARTER SCHOOL

P.O. Box 245
2200 Hamp Stone Rd
Siler City, NC 27344

Headmaster: Ronald O. Joyce
Email: rjoyce@chathamcharter.org

Asst. Principal: Etta Foushee
Email: efoushee@chathamcharter.org



TELEPHONE: (919) 742-4550

FAX: (919) 742-2518

Application for Admission 2012-2013 Application Due By February 28th for Lottery Admittance

Grade level applying for: _____ Kindergarten _____ Grade

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Date of Birth _____ Gender - Please Circle: Male Female

Ethnicity - Please Circle: Alaska Native African American Pacific Islander Caucasian

American Indian Asian Hispanic Multi-racial Other

School Information: _____

Current School: _____ Current Grade Level _____

Address _____

Telephone Number _____ Principal _____

Does your child currently have a 504 or IEP? ____ Yes ____ No

Is your child currently receiving speech or any other special service? ____ Yes ____ No (yes, please describe)

Parent/Guardian Information:

With whom does your child currently live? Please circle - Mother Father Both Guardian

Last Name (Circle: Mother/ Father/Guardian) _____ First Name _____

Last Name (Circle: Mother/ Father/Guardian) _____ First Name _____

Address (If different from applicant's address) _____

Home Phone Number () _____ Work Phone Number () _____

E-Mail Address: _____

Siblings in another grade: Name _____ Grade _____

***Please bring a current Semester Report Card copy in with this application when applying for grades 1-8.**

All of the above questions must be answered and information attached before this application can be reviewed. Failure to provide accurate information will result in this application being null and void.

Signature of Parent or Guardian _____

Date of Application _____