LOWELL MIDDLESEX ACADEMY CHARTER SCHOOL

Admittance Application

No application fee is required.

Please send this application and other documents to:

LMACS
67 Middle Street
Lowell, MA 01852
978-656-3165

Do Not Write in This Area

Date Received: _____ By: _____

Accepted: _____ Semester: _____

PLEASE PRINT:

1. Name:_____
   First Middle Last
2. Sex: M/F
3. Birthdate: _____/ _____/_____
   Month Date Year
4. Address: _____

   _____
   City State Zip Code
5. Home Telephone (_____) _____- _____
6. Cell Telephone (_____) _____- _____
7. Work Telephone (_____) _____- _____
8. Highest grade completed: ___8 ___9 ___10 ___11

Lowell Middlesex Academy Charter School does not discriminate on the basis of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English Language or a foreign language, or prior academic achievement. G.L. c 71 § 89(m); 603 CMR 1.05(2)