



Chesapeake Science Point Public Charter School
7321 Parkway Drive South Hanover, MD 21076
Phone: 443-757-5277, Fax: 443-757-5280
E-mail: director@mycsp.org
<http://www.mycsp.org>

Application for 2010-2011 School Year

DEAR PARENTS/CAREGIVERS: Thank you for your interest in CSP. Please complete one application for each student applying to CSP and send to the address above.

Information you supply will be kept confidential. Please print with blue or black ink.

Name: (last) _____ (first) _____ (middle) _____

Gender: Male Female Date of Birth: _____ Home Phone: (____) _____

Grade level applying for: 6 7 8 9 10 11 12

Student's Residence Address: (No P.O. Boxes Please)

Street: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip Code: _____

Student's Mailing Address: (Check here if same as residence address)

Street: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip Code: _____

Legal School District of Residence: _____

Is student's current school located in this district? Yes No If No, fill in district name: _____

Name of Current School: _____

Address of Current School:

Street: _____

City: _____ State: _____ Zip Code: _____

School Phone: (____) _____ School Fax: (____) _____

Name(s) of Parent/Guardian: _____

Relationship to Student: _____

Address and Phone same as student? Yes No If No, complete the following:

Street: _____ Apt.# _____

City: _____ County: _____ State: _____ Zip Code: _____

E-mail address: _____ Cell Phone: (____) _____

I, the undersigned, hereby certify that, to the best of my knowledge and belief, the answers to the foregoing questions and statements made by me in this application are complete and accurate. I understand that any false information or omissions may result in rejection of this application or future dismissal of the student.

Parent/Guardian's Signature: _____ Date: _____

For Office Use Only: Date: App. # Lot.