



**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](mailto:director@mycsp.org)  
<http://www.mycsp.org>

## Application for 2011-2012 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.