

2024-2025 School Year Lottery Application

In order for the application to be considered complete, you must attach proof of NC residency

Student's full legal nam	ne:			
Grade for the 2024-25	school year: K 1 2 3	4 5 6 7 8 Birthdate:		
Applicant's Home Addr	ess:			
City:	County:	State: Zip Code:		
Applicant's Mailing Add	dress (if different):			
City:	County:	State: Zip Code:		
Parent or guardian #1 N	Name:			
Parent/guardian #1 Ad	dress (if Different):			
City:	County:	State: Zip Code:		
Parent/guardian #1 rela	ationship to child:			
Parent/guardian #1 em	ail address:			
Parent/guardian #1 phone number:		Cell phone numbers:		
Parent or guardian #2 I	Name:			
Parent/guardian #2 Ad	dress (if Different):			
City:	County:	State: Zip Code:		
Parent/guardian #2 rela	ationship to child:			
Parent/guardian #2 em	ail address:			
Parent/guardian #2 pho	one number:	Cell phone numbers:		
Siblings applying to Tw	o Rivers (include full name	es and 2024-25 grade level):		

Is your child currently suspended or expelled from school? If so, please explain:				
The following questions are optiona answers will help us plan for staffing			our lottery chances, but th	
What language is spoken in your hor	me?			
Does your child qualify under any of	the following cri	teria (circle you	r choice):	
English Language Learner	yes	no	not sure	
Homeless	yes	no	not sure	
Free or Reduced Lunch	yes	no	not sure	
Individualized Education Program (IEP)	yes	no	not sure	
Migrant or Immigrant	yes	no	not sure	
We strongly encourage prospective open house dates.	parents to tour T	wo Rivers. Plea	se check with the office fo	
The lottery will take place at the Apraccepted.	il Board of Direct	tors meeting. La	te submissions will not be	
I/we understand that admission to T lottery system. I/we further understand Community School.				
I hereby declare that all information	in the applicatio	n is complete ar	nd true.	
Signature:	Date	Date:		
Signature:		Date	::	