



## COVER SHEET CHECKLIST 2023-2024

*This checklist **MUST** be attached to application.*

To be completed and verified by Parent/Guardian

Before sending in this application, please make sure all forms are filled out and signed.

Only **COMPLETE** applications will be reviewed. NCCA accepts students on a first-come, first-served basis.

**STUDENT NAME:** \_\_\_\_\_

### NCCA PROVIDED FORMS

	ENCLOSED	SIGNED
STUDENT INFORMATION FORM	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT BACKGROUND	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL EDUCATION SERVICES	<input type="checkbox"/>	<input type="checkbox"/>
CCR CHECKLIST	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED LEARNING INFORMATION FORM	<input type="checkbox"/>	<input type="checkbox"/>
ELO VERIFICATION FORM	<input type="checkbox"/>	<input type="checkbox"/>

### SUPPORTING DOCUMENTS FROM DISTRICT

	ENCLOSED
TRANSCRIPT	<input type="checkbox"/>
IMMUNIZATION RECORD	<input type="checkbox"/>
ATTENDANCE RECORD	<input type="checkbox"/>
BEHAVIOR RECORD	<input type="checkbox"/>
IEP OR 504	<input type="checkbox"/>
NWEA & OTHER ASSESSMENTS	<input type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Submission Date

**MAIL:** NCCA Main Office: 260 Cottage Street, Suite A, Littleton, NH 03561

**FAX:** 603-444-9843

**EMAIL:** [kspaulding@nccharteracademy.org](mailto:kspaulding@nccharteracademy.org)

**PHONE:** 603-444-1535



## STUDENT INFORMATION FORM 2023-2024

Resident District: \_\_\_\_\_ Date: \_\_\_\_\_

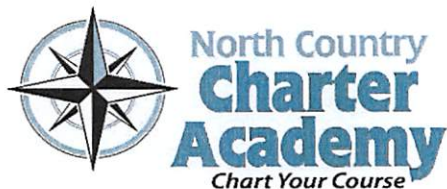
PLEASE FILL IN **ALL** INFORMATION

Student Name: _____				NHSASID _____	
Mailing Address: _____					
Street/PO Box _____		Town _____		State _____	Zip Code _____
Phone: _____		Cell Phone: _____			
Date of Birth: _____		Age: _____		Male _____	Female _____
Will the Student be attending the resident district while attending NCCA?				Yes _____	No _____
Current Grade: _____	Current IEP: Yes _____ No _____	Current 504: Yes _____ No _____			

With whom does the student live with? _____					
Homeless: Yes _____ No _____	Eligible for Free/Reduced Lunch: Yes _____ No _____				
Primary Language: English _____ Spanish _____ French _____ Other _____					

Primary Parent/Guardian	Secondary Parent/Guardian
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Physical Address: _____	Physical Address: _____
Mailing Address (if different): _____	Mailing Address (if different): _____
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Site Preference: Lancaster _____ Littleton _____	Session Preference: AM _____ PM _____
Parent/Guardian Signature: _____	
Student Signature: _____	Today's Date _____



## ***SPECIAL EDUCATION SERVICES***

### ***2023-2024***

This form is to be completed by the Parent/Guardian of the student seeking enrollment at  
North Country Charter Academy (NCCA).

If student is currently receiving services for an IEP or has a current 504, please complete the following.

Student Name: \_\_\_\_\_

IEP/504: (circle one)                      YES              NO              (If No, skip to signatures below)

To best serve your student who is receiving services, we at NCCA, need to know the district's plan to continue to provide special education services as identified in the students plan and to ensure both NCCA and the resident district are complying with RSA-B:11, III(a), which states:

*In accordance with current department of education standards, the funding and educational decision-making process for children with disabilities attending a chartered public school shall be the responsibility of the resident district and shall retain all current options available to the parent and to the school district.*

The responsible district is required to provide a free appropriate public education (FAPE) to a child enrolled by his/her parents in a chartered public school.

Please list the special education services determined for this student in the IEP/504.

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Once enrolled at NCCA, how will the student continue to receive these services from the resident district? Please provide a detailed plan.

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Acknowledged & Accepted:

\_\_\_\_\_  
Special Education Director/Case Manager

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date



## ***EXTENDED LEARNING OPPORTUNITY INFORMATION FORM 2023-2024***

All students seeking enrollment at North Country Charter Academy (NCCA) will be **REQUIRED** to participate in an approved outside program upon acceptance and throughout the duration of enrollment at NCCA.

It is the responsibility of the student and parent to enroll in an approved program and all expenses incurred are the responsibility of the student and parents.

Potential Examples:

<i>Options Needing Enrollment &amp; Acceptance</i>	
Career & Technical Programs	Community College
College/University	VLACS Virtual Charter School
Resident District-Class/Extra-curricular/Sports	
<b>**Students must maintain a passing grade, Online &amp; Onsite Accepted</b>	

<i>Independent Options</i>	
Employment	Community Service
Volunteer Work Mentor Program	Independent Learning Project
Paid/Unpaid Internship	

*\*If you fail to maintain successful participation in your ELO, you will have ten (10) days from date of termination to begin another approved extended learning opportunity, failure to do so will result in immediate dismissal.\**

Acknowledged & Accepted:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

**Please complete the attached ELO VERIFICATION FORM**





***STUDENT BACKGROUND***  
***2023-2024***

This form is to give NCCA a better look into the student's behaviors, background and challenges they may have that may impact their learning. Please be honest and detailed.

Academic Challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behaviorial Challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social-Emotional Challenges: \_\_\_\_\_  
\_\_\_\_\_

Peer Factors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what ways do you feel that NCCA would be a great fit for the student and could help guide them towards success?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date



**EXTENDED LEARNING OPPORTUNITY (ELO)  
VERIFICATION FORM  
2023-2024**

*To be filled out by both student and ELO reference*

Student Name: \_\_\_\_\_

Student's ELO: \_\_\_\_\_

Please provide a brief description of work to be performed, duties and responsibilities?

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What is the Schedule of ELO?

Days of the Week \_\_\_\_\_ Hours \_\_\_\_\_

**ELO Reference Information\***

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail \_\_\_\_\_

***\*Placements and their references will be followed up with at a minimum of once a month.***

*The student named above gives permission to NCCA staff to periodically follow up with above named reference for verification purposes.*

Acknowledged & Accepted:

\_\_\_\_\_  
ELO Reference Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date



***COLLEGE AND CAREER READY (CCR) CHECKLIST***  
***2023-2024***

Per ESSA Regulations, NCCA must be provided with any of the following readiness indicators achieved:

CCR INDICATOR	DATE COMPLETED		RESULTS ENCLOSED	
SAT/ACT				
AP EXAM				
IB EXAM				
ASVAB TEST				
ACT NATIONAL CAREER READINESS CERTIFICATION				
NH INDUSTRY RECOGNIZED CREDENTIAL				

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School Counselor Signature

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Today's Date