



**2026-2027 STUDENT INFORMATION FORM**

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: _____			

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      Berlin      Session Preference:      AM      PM

Emergency Contact:    Name:      Phone:      Relationship to Student:

1. \_\_\_\_\_

2. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Center Director \_\_\_\_\_ Date: \_\_\_\_\_



Main Office

260 Cottage Street Suite A  
Littleton, NH 03561  
Phone: (603) 444-1535  
Classroom: (603) 444-1671  
Fax: (603) 444-9843

Lancaster Site

4 Mayberry Lane  
Lancaster, NH 03584  
Phone: (603) 788-2805  
Fax: (603) 788-2729

**2026 - 2027 School Year  
RELEASE OF INFORMATION FORM**

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

Date of Birth: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address (if different): \_\_\_\_\_

**Information Requested: Check all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Transcripts of courses, grades | <input type="checkbox"/> Standardized Test Results             |
| <input type="checkbox"/> Health Records                 | <input type="checkbox"/> Psychological Evaluation              |
| <input type="checkbox"/> Attendance/Infraction          | <input type="checkbox"/> Individual Educational Programs (IEP) |
| <input type="checkbox"/> 504 Plan                       | <input type="checkbox"/> Other (specify) _____                 |

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Permission to send / receive records:

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_, give  
\_\_\_\_\_ permission to release the checked documentation listed above to  
North Country Academy Chartered Public School.

\_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Parent / Guardian / Student (if 18 or over)

Please send the records to:  
Kim Spaulding, Administrative Assistant / Registrar  
[kspaulding@nccharteracademy.org](mailto:kspaulding@nccharteracademy.org) or Fax: 603-444-9843

- Parental permission is no longer required when records are requested by authorized personnel. (see Family Education Rights and Privacy Act 34 CFR § 99.31). A reasonable attempt shall be made to notify parents of the transfer of records.

(Revised 5/18/26)



## Background Information Checklist 2026-2027

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

### ACADEMIC FACTORS

- \_\_\_\_\_ Two years behind in reading & or arithmetic
- \_\_\_\_\_ Majority of grades are below average
- \_\_\_\_\_ Is credit deficit: How many? \_\_\_\_\_ How many completed? \_\_\_\_\_
- \_\_\_\_\_ Failure of one or more school years. Grade or grades failed \_\_\_\_\_
- \_\_\_\_\_ Failure to achieve a satisfactory level of performance in the homeschool
- \_\_\_\_\_ Performance consistently below potential
- \_\_\_\_\_ No participation in extracurricular activities

### BEHAVIOR FACTORS

- \_\_\_\_\_ Resentful of authority
- \_\_\_\_\_ Behavior problems requiring disciplinary measures
- \_\_\_\_\_ Frequent short term suspensions
- \_\_\_\_\_ Long term suspensions/expulsion from school
- \_\_\_\_\_ If applicable, reasons for excessive absences and tardies \_\_\_\_\_

### PEER FACTORS

- \_\_\_\_\_ History (+ / - ) with current NCCA Students
- \_\_\_\_\_ Friends much older or younger
- \_\_\_\_\_ Friends not school oriented
- \_\_\_\_\_ No close friends

### LIFE FACTORS

- \_\_\_\_\_ Dysfunctional Home life
- \_\_\_\_\_ Traumatic Events

### SELF CONCEPT FACTORS

- \_\_\_\_\_ Weak or negative self-image
- \_\_\_\_\_ Known self-harming tendencies
- \_\_\_\_\_ Feeling of "not belonging" in school. Why? \_\_\_\_\_

### ADDITIONAL CONSIDERATIONS

- \_\_\_\_\_ Known outside of school counseling
- \_\_\_\_\_ Known in-patient residencies
- \_\_\_\_\_ Known substance use / abuse
- \_\_\_\_\_ Known trouble with the law

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

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**North Country Academy**  
Chartered Public School  
*Chart Your Course*

***STUDENT BACKGROUND***  
***2026-2027***

This form is to give NCACPS 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 NCACPS would be a great fit for the student and could help guide them towards success?

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

\_\_\_\_\_  
Parent or School Counselor Signature

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



# Medical Information & Release 2026-2027

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Does the student currently have any illnesses? \_\_\_\_\_

Does the student have a history of any serious or recurring illnesses? \_\_\_\_\_

Has the student been diagnosed with any of the following conditions: Yes No

*ADD/ADHD Anxiety ODD* Date of Diagnosis \_\_\_\_\_

*Depression PTSD Other* \_\_\_\_\_

Is the student currently on any medication? Yes No

If yes, please list medication, dosage and times taken.

\_\_\_\_\_

Does the student have any food or environmental allergies? Yes No If yes, please explain.

\_\_\_\_\_

Does the student have any allergies to medications? Yes No If yes, please explain.

\_\_\_\_\_

Does the student use an epi-pen? Yes No If yes, do they carry it with them Yes No

Other relevant medical information:

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

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
grant the staff or employees of North Country Academy Chartered Public School permission to obtain  
emergency medical care for my student.

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

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

**Emergency Contacts:**

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

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_





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

**ETHNICITY AND RACE DEMOGRAPHICS**

*This information is used to compile data for the Department of Education.*

***Ethnicity (Circle one)***

Hispanic                  Non-Hispanic

***Race (Circle all that apply)***

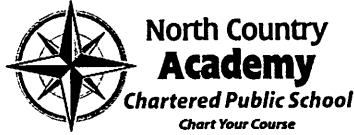
White/Caucasian      Asian                  Black/African American

Native Hawaiian/Pacific Islander      American Indian/Alaskan Native

**PARENT MILITARY STATUS**

*Directions: Place a check by the statement that applies to student's parent/guardian(s). This information is used to complete required forms for the*

- \_\_\_\_\_ 1. N/A. No parent or guardian is in the military.
- \_\_\_\_\_ 2. One or both parents/guardians are on Active Duty in the Armed Forces (not including National Guard).
- \_\_\_\_\_ 3. One or both parents/guardians are enrolled full-time in the National Guard.
- \_\_\_\_\_ 4. One parent/guardian is on Active Duty in the Armed Forces and one parent/guardian is enrolled full-time in the National Guard.
- \_\_\_\_\_ 5. Parent(s)/Guardian(s) are members of the Armed Services Reserves or are Part-Time National Guard.



**COLLEGE AND CAREER READY (CCR) CHECKLIST  
2026-2027**

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

<b>CCR INDICATOR</b>	<b>DATE COMPLETED</b>		<b>RESULTS ENCLOSED</b>	
<b>SAT/ACT</b>				
<b>STATE CIVIC TEST SCORE</b>				
<b>AP EXAM</b>				
<b>IB EXAM</b>				
<b>ASVAB TEST</b>				
<b>ACT NATIONAL CAREER READINESS CERTIFICATION</b>				
<b>NH INDUSTRY RECOGNIZED CREDENTIAL</b>				

\_\_\_\_\_  
Parent or School Counselor Signature

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