



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) _____ |

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 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)



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: _____



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?



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



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)

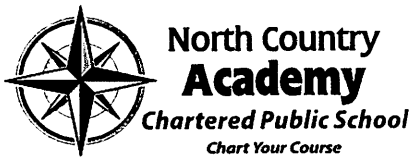
White/Caucasian Asian Black/African American

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.



Release Forms 2026-2027

STUDENT VEHICLE REGISTRATION AND RELEASE OF LIABILITY

Student: _____ Vehicle Make & Model _____

Color _____ Year _____ License Plate # & State _____

I/We release all personnel of North Country Academy Chartered Public School from any liability for damage or injury that may occur as a result of my use of my personal vehicle.

Student Signature Parent/Guardian Signature Today's Date

PUBLICITY/VIDEOTAPING RELEASE & RECORDING

Dear Parents/Guardians and Students:

North Country Academy Chartered Public School would like permission to use your names and photos on the website, www.northcountrycharteracademy.com, in news releases, social media, educational and financial reports, public relations or for local public television stations. We would also like your permission to videotape/record your child while they are involved in classroom activities, school projects and school field trips. This information will be used for school purposes only. If you have any questions or concerns, please contact Kim Spaulding in the NCCA main office.

I, **DO** **DO NOT** give permission for North Country Academy Chartered Public School to publish names and/or photos on the NCCA website, in news releases, social media, educational and financial reports, public relations or for local public television stations.

Student Signature Parent/Guardian Signature Today's Date

MILITARY RELEASE

Dear Parents/Guardians and Students:

As part of the No Child Left Behind Act of 2002, North Country Academy Chartered Public School, as a public secondary school, is required by a provision of this act to release student directory information to military recruiters. Parents/Guardians wishing to keep their student's personal information private must actively opt-out of the information.

I, **DO** **DO NOT** give permission for North Country Academy Chartered Public School to release student's directory information to military recruiters.

Student Signature Parent/Guardian Signature Today's Date



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

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

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

Parent or School Counselor Signature

Today's Date



Kimberlee Spaulding <kspaulding@nccharteracademy.org>

SAT CSV Score Data File Posted

1 message

College Board <collegeboard@e.collegeboard.org>

Wed, May 20, 2026 at 10:36 PM

Reply-To: College Board <reply-T2O5R43IOV5U5AW7SZLKB3XHKU.100221@e.collegeboard.org>

To: kspaulding@nccharteracademy.org

Dear Kim,

An electronic score data file, 280850_SAT_20260518_044730.csv, has just been delivered to the Download Center of your institution's College Board reporting portal! This file contains 2 score report records for the SAT assessment. To access and download this file, please follow the instructions below:

1. Click on the following URL to navigate to the College Board SAT Suite of Assessments reporting login page: <https://k12reports.collegeboard.org/downloads?orgId=280850>
2. Log into your account, and navigate to the Download Center
3. Navigate to the scores data file, and click the download link
4. Save the file to a secure location on your PC or network

Please Note: This file will be available for download for 365 days

If you have any issues accessing or downloading this file, please contact 888-SAT-HELP (728-4357), or email k12reports@info.collegeboard.org

Sincerely,

The College Board

This e-mail and any files transmitted with it may contain privileged or confidential information. It is solely for use by the individual for whom it is intended, even if addressed incorrectly. If you received this e-mail in error, please notify the sender; do not disclose, copy, distribute, or take any action in reliance on the contents of this information; and delete it from your system. Any other use of this e-mail is prohibited.

Thank you for your compliance.

The College Board
250 Vesey Street | New York, NY 10281

Customer Service

To ensure these emails make it to your inbox, please add collegeboard@e.collegeboard.org to your address book.

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