



North Country
**Charter
Academy**
Chart Your Course

COVER SHEET CHECKLIST

2025-2026

*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"/>
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"/>
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

PHONE: 603-444-1535



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2025-2026 STUDENT INFORMATION FORM

NC

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 _____	Session Preference: AM _____ PM _____
Parent/Guardian Signature _____	Today's Date _____

Official Use Only

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

**2025 - 2026 School Year
RELEASE OF INFORMATION FORM**

Name of Student: _____

Date of Birth: _____

Parent / Guardian Name: _____

Mailing Address: _____

Residence Address (if different): _____

Information Requested:

☒ Transcripts of courses, grades

☒ Standardized Test Results

☒ Health Records

☒ Psychological Evaluation

☒ Attendance/Infraction

☒ Individual Educational Programs (IEP)

☒ 504 Plan

_____ Other (specify) _____

Permission to send / receive records:

I _____ Parent/Guardian of _____, give
_____ permission to release the checked documentation listed above to
North Country Charter Academy.

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). Reasonable attempt shall be made to notify parents of the transfer of records.

(Revised 6/3/25)



NC

Medical Information & Release 2025-2026

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 Charter Academy 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 2025-2026

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.

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

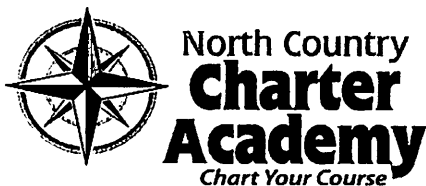
SELF CONCEPT FACTORS

- ☐ 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 NCCA would be a great fit for the student and could help guide them towards success?



STUDENT BACKGROUND

2025-2026

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: _____

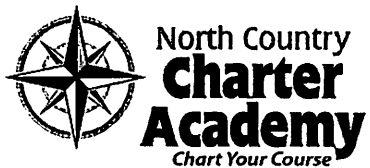
Peer Factors: _____

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 or School Counselor Signature

 Today's Date



***COLLEGE AND CAREER READY (CCR) CHECKLIST NC
2025-2026***

Per ESSA Regulations, NCCA 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



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Release Forms 2025-2026

NC

STUDENT VEHICLE REGISTRATION AND RELEASE OF LIABILITY

Student: _____ Vehicle Make & Model _____

Color _____ Year _____ License Plate # & State _____

I/We release all personnel of North Country Charter Academy 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 Charter Academy would like permission to use your directory information such as names, grade 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 Charter Academy to publish our 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:

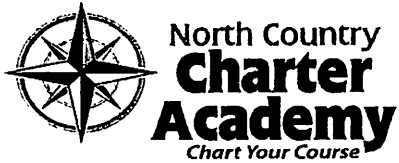
As part of the No Child Left Behind Act of 2002, North Country Charter Academy, as a public secondary school, is required by a provision of this act to release student directory information to military recruiters. Parents/Guardians wishing to keep their student's personal information private must actively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

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

Student Signature

Parent/Guardian Signature

Today's Date



Demographic Questionnaire 2025-2026

NC

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.