The Greene School

Information Form for Enrollment Lottery

Conditional on final approval of The Greene School by the RI Board of Regents, anticipated in June 2010.
Mail application to:
The Greene School
c/o 14 Victory Highway
West Greenwich, RI 02817

Grade Applying for (circle one): **9** or **10** Year Applying for: **2010**

Student Information:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Language: _____ Date of Birth: _____/_____/_____
Month Day Year

Schools last attended (current school first)

_____ _____
School Location

_____ _____
School Location

_____ _____
School Location

Parent/Guardian Information:

Name: _____ Home Phone: _____
First Last Middle Cell Phone: _____
Email: _____
Relationship to Child: _____ Work Phone: _____

Name: _____ Home Phone: _____
First Last Middle Cell Phone: _____
Email: _____
Relationship to Child: _____ Work Phone: _____

Race/Ethnicity (optional):

African American □
American Indian/Alaskan Native □
Asian/Pacific Islander □
Caucasian □
Hispanic/Latino □
Other _____

Parent/Guardian signature: _____ Date: _____

For School use only
Date received/Postmarked: _____ Signature: _____