



Robert Frost
CHARTERED PUBLIC SCHOOL

HIGH SCHOOL
STUDENT ENROLLMENT APPLICATION
2025/2026

- Confidential -

Dear Parent/Guardian,

Thank you for enrolling your child in the Robert Frost Chartered Public School (RFCPS). To complete the enrollment process we require that you return the following documents via the US Postal Service within 14 days of receipt:

Registration Form	Transcript Request Form (Not required for 9 th graders)
Medical History Form	Optional Permissions Form
Notice of Residency Form	Home Language Survey
Child's Birth Certificate (a photocopy is acceptable)	Volunteer Opportunities Form
Information Exchange Agreement	Family/Student Interest Survey

Upon receipt of completed forms you will be contacted by a representative of the school board or a school administrator, who will verify the status of your application. You will also be invited to attend an informational session for enrolled families, where you will have the opportunity to learn more about our school program and curriculum, our expectations of families regarding attendance and volunteering and discuss any questions you may have. If you are unable to attend this meeting, please contact the school to schedule an alternate meeting time.

*Students entering Seventh (7th) through Twelfth (12th) grade will be required to submit a formal Application for Admission which provides basic information about the student, their interests, reason for applying and educational history. Prospective students and parents will also attend a formal interview with RFCPS Staff. *Returning students in good standing will be exempt from this process, but will be required to file an Intent to Graduate form to hold the student's space in the high school program.*

The following forms will be required by August 30, 2025:

- ✓ Physician's Form
- ✓ Proof of Residency

Please mail all forms to:

Robert Frost Chartered Public School
PO Box 1038
Conway, NH 03818

Thank you for sharing this exciting adventure with us. Please direct any questions regarding this process to admissions@robertfrostcharterschool.org. We look forward to an amazing school year!

Sincerely,

Janine McLauchlan
Head of School
Robert Frost Chartered Public School

Juliet D'Avila
Chair, Board of Trustees
Robert Frost Chartered Public School

**ROBERT FROST CHARTERED PUBLIC SCHOOL
STUDENT REGISTRATION FORM**

STUDENT INFORMATION	Date of Birth _____	Grade _____	Gender _____
Last Name _____	First _____	Middle _____	
Physical Address _____	Apt# _____		
City _____	State _____	Zip _____	Home Phone _____
Mailing Address (If different) _____	Apt# _____		
City _____	State _____	Zip _____	
Student Lives with _____	Previous school attended _____		
Primary Parent Contact _____	Phone # _____		
Is this student Hispanic/Latino? (please check ONE):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student's Race (check as many as apply):	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White

CONTACT INFORMATION

Parent/Legal Guardian #1 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	
Parent/Legal Guardian #2 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	

Is your child on a special education plan (IEP)? _____ Is your child on a 504 plan? _____
Does your child receive Title 1 services? _____
Does your child receive any outside services related to academic, communication or social skill development? _____

Child Lives With: (check all that apply)

- Mother and Father Mother Father Grandparent(s) Guardian
 Mother, Stepfather Father, Stepmother Foster Home Other _____

If applicable, please provide copies of the following Court documents: Divorce decree, parenting plan, physical and legal custodial arrangements, guardianship, restraining orders.

EMERGENCY CONTACTS

Adults other than those listed above who are willing to assume temporary care of your child. These individuals will be contacted if we are unable to contact a parent or guardian.

1 Full Name _____ Daytime Phone _____

Relationship _____ cell home work

2 Full Name _____ Daytime Phone _____

Relationship _____ cell home work

3 Full Name _____ Daytime Phone _____

Relationship _____ cell home work

Are there any restrictions regarding dismissals, visitations, or information on your child?

Yes No

If yes, explain _____

If there are legal restrictions for the school to observe, i.e., custody/guardianship orders or protection orders, the school must be provided with the appropriate legal documentation.

I have read the above requirements for enrollment to the Robert Frost Chartered Public School. By signing this document, I am acknowledging that I understand the requirements for enrolling my child in the Robert Frost Chartered Public School. I also acknowledge that I have the full legal right to enroll my child.

Parent /Guardian Signature

Date

MEDICAL HISTORY

Student Name _____ **Grade** _____

Does the student HAVE?

Asthma----- Yes No
Seizures----- Yes No
Diabetes----- Yes No
Hearing problem----- Yes No
Vision problem----- Yes No

Please list food(s) and/or medication(s) allergy, and describe type of reaction(s)

Does the student USE?

Inhaler @ school----- Yes No
*Epi-Pen for allergic reactions Yes No

Current Medications (please list)

_____ Home School
_____ Home School
_____ Home School

ALLERGIES

Bees----- Yes No
Environmental----- Yes No
Seasonal----- Yes No
Food(s) ----- Yes No
Medication(s)----- Yes No

May we have permission to use:

Antibiotic Ointment Yes No
Calamine Lotion Yes No
Antiseptic Cream Yes No
Sunscreen Yes No

Should the School be aware of any other medical problems or restrictions?

***** The State of NH requires parent permission and a doctor's order for students who need an Epi-Pen, inhaler, or prescription medications while in school. Please contact the School Administrator for parent form(s). *****

Doctor's Name _____ **Phone #** _____

Dentist's Name _____ **Phone #** _____

Health Insurance Information:

Insurance Company Name: _____

If CHIP (Medicaid) please provide policy number: _____

PERMISSION TO PROVIDE EMERGENCY TREATMENT

I hereby grant permission to the Robert Frost Chartered Public School to administer First Aid, if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent / Guardian Signature

Date

PERMISSION TO CONTACT STUDENT'S DOCTOR to confirm immunization and physical exam during the school year (August to June).

Parent / Guardian Signature

Date

OTHER SCHOOLS ATTENDED

Name	Location	Phone	Yrs. Attended

"I certify that all of the above information concerning my child is true and complete."

Parent / Guardian Signature

Date

*******PLEASE NOTIFY THE SCHOOL AT ONCE IF INFORMATION CHANGES*******

NOTICE OF RESIDENCY REQUIREMENT

Student Name _____ **Grade** _____

I understand that in order for my son/daughter to attend the Robert Frost Chartered Public School, he/she must be a legal resident of New Hampshire in accordance with New Hampshire RSA: 194-B:11 or be attending under a valid tuition agreement. Failure to comply with this requirement may result in the school taking legal action to recover tuition costs for the student attendance.

I have read the above statement and attest that my son/daughter is a legal resident of the state of New Hampshire.

Parent/Guardian Signature

Date

Please include proof of residency in the form of two of the following documents (legible photocopies are acceptable):

- Purchase and Sales Agreement
- Utility bill or deposit indicating address
- Driver's license
- Lease agreement
- Voter registration
- Social Services paper - Social Security, AFDC.

In addition, the state of New Hampshire requires we have a copy of a birth certificate on file for each student. Please include a copy of your child's Certificate of Birth.

Authorization to Exchange Information

The Robert Frost Chartered Public School will need to exchange your child's information to obtain records and other information as needed and your consent is required to do so. The purpose of this request is for the planning and provision of appropriate educational experience for a newly enrolled student.

Parent/Guardian Name: _____ Date: _____

Address: _____

Phone: _____

Student Name: _____ Date of Birth _____

INFORMATION TO BE EXCHANGED: All student records including:

- ✓ Cumulative School Information
- ✓ Guidance Information
- ✓ Medical/Health Information
- ✓ Evaluation Information
- ✓ Special Education Information

INFORMATION WILL BE EXCHANGED WITH:

School Administrator	Contact person _____
Robert Frost Chartered Public School	School/Agency _____
PO Box 1038	Address _____
Conway, NH 03818	Phone _____

Your consent may be revoked at any time except for information disclosed prior to revocation. This consent expires one year from the date of consent unless otherwise specified.

I Consent to the disclosure of the information as described above.

I Do Not Consent to the disclosure of the information as described above.

I would like to talk to someone at the school before making my decision.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____



Robert Frost
Public Charter School

P. O. Box 1038
Conway, NH 03818
(603) 356-6332
www.robertfrostcharterschool.org

HIGH SCHOOL TRANSCRIPT TRANSFER REQUEST

Date _____

School Name _____

Mailing Address _____

City, State Zip Code _____

Dear Administrator, Records Keeper, or Secretary:

Please send a transcript of the high school classes attended and credits earned for

(student's full name)

to Robert Frost Chartered Public School at the address on the above letter head. It is my intent and the intent of the student named above that he/she will be transferring to RFCPS to continue his/her high school education.

Thank you for your time and prompt response.

Sincerely,

(signature)

(print name)

Relationship to student

Recommended but Optional Permissions

Student Name _____ **Grade** _____

WALKING FIELD TRIPS

Throughout the school year, classes may be walking to nearby locations around school and in the woods near the school. Please sign the permission slip below giving your child permission to do so.

Parent/Guardian Signature

Date

FAMILY CONTACT LIST

As a part of our efforts to build a school community, we will be compiling a family contact list.

I give my permission for the Robert Frost Chartered Public School to give out my name, address, phone number and email address to families of the Robert Frost Chartered Public School with students enrolled for 2025-2026 school year only.

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH

I consent and grant my permission to allow my child to be photographed for the purpose of promoting the school. I grant the Robert Frost Chartered Public School permission to use and re-use, publish and re-publish without limitation or reservation, for all lawful purposes including advertising, publication, and/or editorial usage in any media throughout the United States.

Parent/Guardian Signature

Date

HOME LANGUAGE SURVEY

Student Name: _____

Date of Birth: _____

Country of Birth: _____

Date of Entry to the US (if applicable): _____ Date first enrolled in a US school: _____

IMPORTANT! For parents and guardians: If a language other than English is listed below, an ESOL teacher will be required to test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

Is a language other than English spoken in your home? Yes ___ No ___

If you answered no to this question, please proceed to next page. If you answered yes to this question, please complete the following:

What language did your child first learn to speak? _____

What language do you most often use when speaking to your child? _____

What language does your child most often use when speaking to adults in the home?

What language does your child most often use when speaking with children at home?

What language does your child most often use when speaking with friends?

Has your child studied the English language in school? _____

If yes, which grades? _____

Has your child learned school subjects in English? _____

If yes, which grades? _____

Has your child learned school subjects in another language? _____

If yes, what language? _____ Which grade? _____

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: _____
3. File original Home Language Survey in student's cumulative folder.

VOLUNTEER OPPORTUNITIES FORM

As we prepare to begin another school year of the Robert Frost Chartered Public School we welcome and encourage many ways for our families to volunteer and support our school. Volunteers are needed! Please indicate the areas where you would be willing to help.

School Site Preparation

Indoors

- Prepping and painting
- Light carpentry
- Cleaning
- Furniture assembly

Outdoors

- Prepping and painting
- Cleaning
- Landscaping
- Playground equipment assembly

Committee work

- Fundraising
- Community outreach
- Marketing

Office work

- Cataloguing materials
- Organizing supplies

Once the school year begins there will also be opportunities to volunteer in the classroom. We will be looking for family members interested in participating in special projects as well as in daily classroom activities.

Keep in mind that we are asking all families to commit to some volunteer time, the details of which can be discussed on a case-by-case basis at your meeting with the School Administrator. We truly appreciate your support in building this school and developing our school community.

A Criminal Background check is required of all volunteers working with students.

If you are interested in becoming a volunteer, please contact the school for the necessary paperwork.

NOTE: It usually takes 3-4 weeks for the forms to come back to us. We urge parents and grandparents to get this done now, prior to the rush that occurs in September.

STUDENT/FAMILY INTEREST SURVEY

Student Name: _____ Grade: _____

This form will help us get to know your child and your family. Knowing the regular routines, interests, and goals of your child and your family will help us to create the best learning experience possible.

Student Information

About me (to be filled out by student with help if necessary):

What is the characteristic of which you are most proud and why? _____

What are 3 adjectives your best friend would use to describe you? _____

When I am about to try something new, I usually feel: _____

I like to learn new things by:

- Doing it or trying it myself
- Watching others
- Hearing someone explain it to me

Describe a positive learning experience that is memorable to you and explain what made it so. (it doesn't have to be related to school)

What topics/issues/problems most interest you? (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> social justice | <input type="checkbox"/> environmental protection |
| <input type="checkbox"/> 2 nd Amendment rights (gun control) | <input type="checkbox"/> economic development |
| <input type="checkbox"/> climate change | <input type="checkbox"/> sustainable use of natural resources |
| <input type="checkbox"/> politics | <input type="checkbox"/> renewable energy |

- technology
- finding solutions to problems

- health and wellness
- other: _____

What do you like best about school? (please be as specific as possible): _____

What do you like least about school? (please be honest): _____

My goals for my high school experience are:

- completing the minimal requirements to graduate.
- exploring options and possibilities for a career while earning my HS diploma.
- completing a program of studies that will prepare me for college.
- completing a program of studies that will prepare me trade school in the _____ career field.
- completing advanced or honors HS courses that may lead to college credit or a scholarship.

Do you know what you want to do after high school? If so please describe. If not, it's

OK to write "unsure." _____

What are your interests outside of school? (hobbies, sports, clubs, how you like to

spend your free time) _____

Why do you think RFPCHS will be a good fit for you? _____

About my family (to be filled out by parents/guardians):

Who is in your family (please list ages of siblings)? _____

We chose to enroll in the Robert Frost Chartered Public School because: _____

This year I/we hope my child will: _____

My/our biggest concern is: _____

During the school year students will engage in a variety of collaborative projects and we will be looking for volunteers who are willing to help. If any family members have skills that they could share with our students or our teachers, we would love to be able to call on you. Examples of skills that may support student projects are: creating and editing audio or video recordings, woodworking, working with art media, design skills, presentation skills, event planning or coordinating, gardening.

I would be happy to share my knowledge of: _____
