

## MICROSOCIETY ACADEMY CHARTER SCHOOL LOWER SCHOOL Application (for grades K-4)

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When the following checklist and application are complete, the original copy should be mailed or delivered in person to:

MicroSociety Academy Charter School Attn: Admissions 591 W. Hollis St. Nashua, NH 03062

Faxed or emailed applications will NOT be accepted.

Information requested in this application is not intended and will not be used to discriminate. MACS does not discriminate based on gender, race, color, national origin, religion, disability, familial status, parental status, or sexual orientation in its educational programs or admissions procedures.

Please <u>print clearly</u> wl	hen completing th	is application.	
Student Name: Last		First	MI
Current Grade:	Grade Level	Applying For:	
application deadline of deadline will be added	4:00 pm on Wedn I to the waiting lis	ne enrollment lottery, the follow nesday, March 4, 2026 (applicate in the order received, post long portion of the application for	ations received after the ottery):
https://macsnh	.org/admissions/)		•
☐ Submit this com the Residency A	,	portion of the Lower School a	application packet, including
☐ Submit a copy o	of the applicant's E	Birth Certificate or Passport att	ached to this application
FOR MACS OFFICE U	SE ONLY:		
Date Received:/	/ Time	e: Method: _ mail	in-person
Received by:			
Updated 11/20/2024			



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## **Residency Affidavit**

Must be Notarized

I attest that I am the parent/guardian of	of the applicant listed below:	
Applicant: Last	First	MI
I attest that I/we and the above name	d applicant are legal residents of Ne	w Hampshire, and reside in
the city/town of:		
Our physical address is:		
I have been residing at this address s	ince	
I intend to continue as a resident of N immediately upon any change in my r Administration of the MicroSociety Ac affidavit are true and complete. I underesidency is a criminal offense.	residency or the residency of the app rademy Charter School. The facts se	olicant(s), I shall inform the truth to the truth in this residency
Printed Name:		
Signature		Date
TO BE COMPLETED BY A NOTARY		
STATE OF	COUNTY OF	
On this day of	, 20, personally	appeared the above named
	, known to me or satisfactorily p	proven to be the person
whose name is subscribed to the with	in instrument, and acknowledged tha	at he/she executed the same
for the purposes therein contained.		
Before me,	Notary Public/ Justi	ce of the Peace Seal
		oo or are reade ocar