



MASCOTTE CHARTER SCHOOL

Tiffany Mayhugh-Rego, Principal
Radean Johnson, Assistant Principal

460 Midway Avenue
Mascotte, FL 34753

P. 352-429-2294
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OPEN APPLICATION FOR ENROLLMENT

Name of Student (Last/First) _____

Grade Level 2020-2021 SY _____ Previous School _____

Name of Parent/Guardian _____

Reason for Request _____

Street Address _____

City/Zip/County _____

Mailing Address _____

City/Zip/County _____

Contact Number _____

Home

Business

Cell

Other

Email _____

I have reviewed Mascotte Charter School's **Student Admission & Registration Policy** posted on our website (under Enrollment) and agree to abide by this policy. I understand that any false information given may be grounds for immediate withdrawal/denial of admittance. This application is only for the 2020-2021 school year, if not accepted, I must re-apply for the following school year during the time period specified.

Signature of Parent/Guardian _____ Date _____

--For Office Use Only--

Date Received _____ Time Received _____

Attendance Accepted _____ Attendance Denied _____

Student Conduct Accepted _____ Student Conduct Denied _____

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