**New York State Charter School Uniform Application Form**

**Section A: To be completed by Charter School**

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| --- | --- |
| Applicable School Year: | {INSERT SCHOOL YEAR} |
| Legal Name of Charter School: | {INSERT LEGAL NAME OF CHARTER SCHOOL} |
| Contact Information for Charter School: | {INSERT ADDRESS, PHONE NUMBER, WEBSITE, EMAIL, ETC. OF CHARTER SCHOOL} |
| Application Deadline: | {INSERT DATE WHICH MUST BE ON OR AFTER APRIL 1 OF THE APPLICABLE SCHOOL YEAR} |
| Lottery Date and Location (if known): | {INSERT DATE, TIME, AND LOCATION OF THE ADMISSIONS LOTTERY, IF KNOWN} |
| Directions for Submission of Applications: | {INSERT DIRECTIONS} |

***Non-Discrimination Statement:*** *A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, religion or ancestry. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school.*

**Section B: To be completed by Applicant**

***Note:*** *A separate application must be completed and submitted for each child applying for admission.*

**Applicant Student Information**:

|  |  |
| --- | --- |
| 1.\* Student Name (First, Last): |  |
| 2.\* Date of Birth (MM/DD/YYYY): |  |
| 3. Student’s Gender (circle one): | Female / Male / Non-Binary / Prefer not to answer |
| 4.\* Address of Residence (street address, city, state, zip code): |  |
| 5. Student’s School District of Residence (or New York City Community School District), if known: |  |
| 6.\* Grade Applying for: |  |
| 7. Current Grade: |  |
| 8. Does the applicant student have a sibling(s) who is currently enrolled in this charter school? (circle one).  **Your response may qualify your student for an admissions preference.** | Yes / No  If Yes, list the name, date of birth, and school of attendance of any sibling currently attending the school. |
| 9. Does the applicant student have a sibling(s) who is also applying to this charter school? (circle one).  **Your response may qualify your student for an admissions preference.** | Yes / No  If Yes, list the name and date of birth of any sibling also applying to the school. |

**First Parent/Guardian Information (Required):**

|  |  |
| --- | --- |
| 1.\* Name (First, Last): |  |
| 2.\* Relationship to Student: |  |
| 3. Address of Residence (street address, city, state, zip code): |  |
| 4. Phone Number(s), if available: | If available, specify whether this is a home, work or cellular phone |
| 5. Email Address(es), if available: |  |
| 6. Contact Preference: | Email, phone call, text message and/or by regular mail |

**Second Parent/Guardian Information (Optional):**

|  |  |
| --- | --- |
| 1. Name (First, Last): |  |
| 2. Relationship to Student: |  |
| 3. Address of Residence (street address, city, state, zip code): |  |
| 4. Phone Number(s), if available: | If available, specify whether this is a home, work or cellular phone |
| 5. Email Address(es), if available: |  |
| 6. Contact Preference: | Email, phone call, text message and/or by regular mail |

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* The items marked with an asterisk (\*) are the only items that may be required in order to apply to this charter school. Any items not marked by an (\*) are optional.*