



CHARTER STUDENT ADMISSION APPLICATION

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)



Student Information (Información Estudiantil)

Required Information (información requerida)*

Please enter name as shown on birth certificate
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento)

Last Name
(Apellido)*

Suffix
(Sufijo)

First Name (Primer Nombre)*

Middle Initial (Inicial del segundo nombre)*

Date of Birth (Fecha de nacimiento)*

Gender
(Género)*

Grade Applying For (Grado que solicita)*



Voluntary Information (información voluntaria)

If yes, please enter the name of the student's sibling, staff, or board member.

(En caso sí, ingrese el nombre del hermano, el personal o el miembro de la junta)

Student Identification Number (if known) or
Last four (4) digits of Social Security Number (SSN)
(Número de identificación del estudiante (si se conoce) o Últimos cuatro dígitos del Número de Seguro Social)

Yes No
(Sí) (No)

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter)

Yes No
(Sí) (No)

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta)

Primary Guardian Information (Tutor Legal)

Last Name (Apellido)*

First Name (Primer Nombre)*

Street Address of Primary Residence
(Dirección de la residencia principal)*

City
(Ciudad)
*

State
(Estado)
*

Zip Code
(Código Postal)*

Contact Phone Number (Teléfono de contacto)*

Email Address (Correo Electrónico)

CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)

Student Identification Information

First Name Middle Name Last Name Generation			
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Date Of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Age
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Address Street City State Zip Code			
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Phone Number	Email
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Please select one choice for Ethnicity AND select one or more for Race	Ethnicity Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>
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Race American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			
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Enrollment Information

Date of Student Enrollment	Grade Level	Student's Home District/Campus based on Parents address
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List educational facilities during the past three years where the student has attended academic classes including summer programs, night school, juvenile justice programs, treatment facilities etc. High School Enrollees - list all schools where credit toward graduation may have been awarded.

Last Campus/District Attended	Grade Level Attended	Has student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Retained
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Previous School Attended Name Address	Date Attended
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Previous School Attended Name Address	Date Attended
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Please answer the following questions

Is student a military dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>	What was the first year the student enrolled in grade 9?
Does student have a food allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain
Has student received Special Education services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received ESL services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received 504 services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received dyslexia services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student been suspended or assigned to alternative school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:

Contact Information **CPS Student** **JPD Student** **TYC Student**

Primary Contact 1 Name	Relationship
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Primary Phone	Alternate Phone	Email	Employer
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Address Street City State Zip Code			
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Primary Contact 2 Name	Relationship
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Primary Phone	Alternate Phone	Email	Employer
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Address Street City State Zip Code			
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Emergency Contact (if Primary cannot be reached)

Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone
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Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone
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Parent /Guardian/Caseworker Signature _____	Date _____
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For Campus Use Only

Original Enrollment Date:	Student Local ID:	Classroom:	Withdraw Date:
Re-enrollment Date:	Enrolled By:		Withdraw Date:
Re-enrollment Date:			Withdraw Date: