

**Applicable School Year:** 2018 - 2019

**Lottery Date:** Wednesday, April 18, 2018, 4:00pm

**Application Deadline:** Friday, March 30, 2018

**Lottery Location:** Children's Aid College Prep Charter School Auditorium

**Open House Dates:**

**Contact Information:**

Saturday, January 13 | 10:00 a.m., Elementary School  
 Saturday, January 20 | 10:00 a.m., Middle School  
 Monday, February 5 | 6:00 p.m., Elementary School  
 Tuesday, February 6 | 6:00 p.m., Middle School  
 Tuesday, March 20 | 6:00 p.m., Elementary School  
 Wednesday, March 21 | 6:00 p.m., Middle School

Children's Aid College Prep Charter School  
 1232 Southern Blvd., Bronx, New York 10459  
 Phone: (347) 871-9002 Fax: (718) 583-6238  
 Email: info@childrensaidcollegeprep.org

**Note:** Attendance at the lottery is not required and will not affect your child's chances of entering the school.

**Mission:** Children's Aid College Prep Charter School is a Community School whose mission is to prepare elementary school students for success in middle school, high school, college, and life by providing them with a rigorous instructional experience; addressing their physical, emotional, and social needs; fostering a sense of pride and hope; and serving as a safe and engaging community hub.

**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, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, national origin, 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. However, Children's Aid College Prep Charter School provides an academic program specifically designed for children and families who face barriers to learning such as income inequity, chronic absenteeism, housing instability, and lack of access to high-quality healthcare services and after-school programs. These preferences have been approved by the school's authorizer and are permissible.

**Directions for Submission of Applications:**

- Items marked with an asterisk (\*) are required in order to apply to this charter school.
- Only one application per student will be accepted. Separate applications must be completed for each student or sibling.

## STUDENT APPLICANT INFORMATION

\*First Name: \_\_\_\_\_

\*In which school district do you live? \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Grade applying for:

\*Last Name: \_\_\_\_\_

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>

\*Date of Birth: \_\_\_\_\_

Does the applicant have a sibling also applying for 2018-2019 admission? (A separate application must be submitted)

\*Gender:  Male  Female

Yes  No

\*Home Street Address: \_\_\_\_\_

If yes, please list name, grade applying for, and date of birth of sibling.

Apartment Number: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

\*Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Relationship to Student: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ADDITIONAL INFORMATION

Children's Aid College Prep Charter School is legally allowed to give enrollment preference to students who meet certain criteria. You are strongly encouraged to submit the following information as it may increase your child's chances of admission.

Does the applicant have a sibling currently attending this charter school? An eligible sibling is defined as a biological or legally adopted brother or sister residing in the same household.

Yes  No

If yes, please list name, grade, and date of birth of sibling.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a single parent or guardian?  Yes  No

How many adults reside in your household? \_\_\_\_\_

How many children reside in your household? \_\_\_\_\_

Please list the ages of all children: \_\_\_\_\_

Our annual household income before taxes is: \_\_\_\_\_

If applying for Kindergarten, did your child attend a pre-school, Head Start, nursery school, or daycare center/provider?

Yes  No

If applying for 1st grade, did your child attend a full-day kindergarten?

Yes  No

At CACPCS we celebrate different cultures. Is there any other language spoken at home besides English?

Yes  No

If so, what language(s):

\_\_\_\_\_

According to New York State Department of Social Services, Regulations for Foster Care, Title 1A, a Foster Care Student is defined as any child in the custody of the City, away from his home 24 hours per day in a foster boarding home or a duly-certified relative foster boarding home (kinship home) or a duly-certified group home, agency-operated boarding home, child care institution, or any combination thereof.

Has your child ever been in:

Foster Care  Preventive Case  Adoption

If yes, please provide the name of the agency and the case worker:

\_\_\_\_\_

I attest that I am the legal parent or guardian of the student named above. I affirm that the information I have submitted is true and accurate to the best of my knowledge. I understand that all information will be verified and providing incorrect information can result in application disqualification or loss of seat. Additionally, I understand that submitting an application does not guarantee admission to this charter school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal Purposes Only:

Date Received: \_\_\_\_\_

Initials \_\_\_\_\_