



Academy of the City Charter School

718-487-9857 (tel) 718-785-9592 (fax) www.academyofthecity.org
We welcome English language learners and children with special needs.

Our Mission

Our students will become independent thinkers, lifelong learners, and responsible members of their communities. We are committed to an educational philosophy rooted in social justice, inquiry, experiential and collaborative learning, and supported by continual professional development and reflective practice. Through a literacy-based, integrated curriculum that encourages community and honors diversity, our students receive the education they will need to meet the academic and social challenges of the best high schools, to be prepared for our best colleges and universities, and to thrive in today's world.

2016-2017 Application for Student Admission Fields marked with an * are required.

Student Information					
First Name*:		Last Name*:		Middle:	
Address*:					Apt*:
City*:	State*:	Zip*:	Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth*:	Grade entering in 2016*: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <small>Must turn 5 by December 31, 2016 to be eligible for Kindergarten</small>				
Does the applicant reside in Community School District 30?* <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Call 311 to find your District Number or visit http://schools.nyc.gov)</small>					

Current School Information (if child is currently enrolled in school)	
School Name:	Current Grade:
School address:	

Sibling Information (you must submit an additional application for the sibling)	
Is a sibling applying to Academy of the City Charter School this year?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a sibling already attending Academy of the City Charter School?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sibling's name*:	Sibling's 2016 Grade*: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th

Parent/Guardian Information			
1. First Name*:		Last Name*:	
Address:			Apt:
City:	State:	Zip:	Home Phone*:
Work or daytime phone:		Cellular phone:	
E-mail address:			
Relationship to child*:			
2. First Name:		Last Name:	
Address:			Apt:
City:	State:	Zip:	Home Phone:
Work or daytime phone:		Cellular phone:	
E-mail address:			
Relationship to child:			

How did you learn about Academy of the City Charter School? Please check only one:

☐ Friend or Family ☐ Newspaper ☐ Website ☐ Search engine ☐ Open House ☐ NYC Charter School Center ☐ Postcard ☐ Other: _____

I understand that submitting this application does not guarantee admission to Academy of the City Charter School, but will enter my child into the lottery for the 2016-2017 school year. I agree that the school records of my child may be used to study this charter school. In these studies, only aggregate outcomes, not individual students' outcomes, will be reported. I understand that final grade placement is at the discretion of the school, based on my child's individual needs.

Parent/Guardian Signature: _____

Date: _____

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, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, 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.

You may return this application by mail, fax, e-mail, or hand delivery to:

Academy of the City Charter School
Attn: Director of Operations
31-29 60th Street
Woodside, NY 11377-0113
Fax: 718-785-9592

E-mail: enrollment@academyofthecity.org

All applications must be submitted/postmarked before 5pm, April 8, 2016.